

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

Merit Health Insurance Company

	01260 ,	01260 (Prior Period)	NAIC Company Cod	e 18750	Employer's ID Number	36-3856181			
Organized under the Laws of	,	Illinois	. 9	State of Domicil	e or Port of Entry	Illinois			
Country of Domicile			<u> </u>	nited States	,				
Licensed as business type:	•	nt & Health [X]	Property/Casualty Vision Service Co	,	Hospital, Medical & Dental Se Health Maintenance Organiza	,			
	Other []		Is HMO, Federa	lly Qualified? Y	es[]No[]				
Incorporated/Organized		11/23/1992	Comm	enced Business	01/08/19	993			
Statutory Home Office		5215 Old Orchard R	oad, Suite 600	,	Skokie, IL, US 600	077			
		(Street and Nu	ımber)		(City or Town, State, Country ar	ıd Zip Code)			
Main Administrative Office			5215 C	ld Orchard Roa					
Sk	kokie, IL, US 6	0077		(Street and Numl	224-935-9809				
	wn, State, Country				(Area Code) (Telephone Number)				
Mail Address		Orchard Road, Suite	600		Skokie, IL, US 60077				
	,	and Number or P.O. Box)			(City or Town, State, Country and Zip	Code)			
Primary Location of Books a	ind Records				Magellan Plaza				
Maryland	d Heights, MO	. US 63043		(5176	eet and Number) 314-387-5006				
	wn, State, Country			(Ar	rea Code) (Telephone Number) (Extension	n)			
Internet Web Site Address				N/A					
Statutory Statement Contac	t	David P. Kı	unz	<u> </u>	314-387-5006				
dnkun	z@magellanh	(Name)			(Area Code) (Telephone Number) (888-656-3258	Extension)			
<u>аркана</u>	(E-Mail Address				(Fax Number)				
				_					
Nama		Т:н -	OFFICER			T:Ha			
Name Mostafa Kamal		Title Presiden	+	Nam Andrew Mark		Title Secretary			
Jeffrey Nelson Wes		Treasure		Andrew Mark		Secretary			
			OTHER OFFIC	CERS					
Linton Clarke Newlin	n,	Vice-Presid		Michael Patrick	McQuillen , Assi	istant Secretary			
John DiBernardi		Assistant Seci		Sanjeev Sri	vastava , V	ice-President			
Anne McCabe		Vice-Presid	ent		,				
Mostafa Kamal		DIRE Michael Vall	ECTORS OR T	RUSTEES Julie Ann Bi		ey Nelson West			
Barry Smith		Sanjeev Sriva		Sakib Ha		aniel Gregoire			
State of									
		SS							
County of	······								
above, all of the herein describ- that this statement, together wi- liabilities and of the condition an and have been completed in ac- may differ; or, (2) that state rule knowledge and belief, respective	ed assets were ith related exhib nd affairs of the cordance with the or regulations rely. Furthermor t copy (except for the copy (excep	the absolute property of oits, schedules and exp said reporting entity as the NAIC Annual Statem is require differences in the scope of this atte or formatting difference	of the said reporting entity planations therein contains of the reporting period sent Instructions and Accoreporting not related to a sestation by the described	, free and clear fr ed, annexed or r tated above, and unting Practices a ccounting practice officers also inclu	if said reporting entity, and that on the commany liens or claims thereon, exceferred to, is a full and true statem of its income and deductions therefund <i>Procedures</i> manual except to the sand procedures, according to the desthe related corresponding elect statement. The electronic filing may	cept as herein stated, and nent of all the assets and rom for the period ended, e extent that: (1) state law be best of their information, tronic filling with the NAIC.			
Mostafa	Kamal		Andrew Mark Cum	minge	Jeffrey Nels	eon West			
Mostara Presid			Secretary	minys	Jeffrey Neis Treasi				
Subscribed and sworn to b	pefore me this		,	b. It	s this an original filing? f no:	Yes [X] No []			
day of	,			State the amendment number Date filed					
					. Number of pages attached				

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

	2	3	1 1	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	2,452,335	159.413	01 00 2010	ever de Baye	Trondamico	2,611,747
Group subscribers:						
Stody Substitution.						
						ļ
						ļ
						ļ
						ļ
			ļ	ł		ł
0299997 Group subscriber subtotal		J	J	J	J	J
0299998 Premiums due and unpaid not individually listed		ļ	ł	ł		ł
0299999 Total group 0399999 Premiums due and unpaid from Medicare entities	LU	μυ	In	^U	J	^U
Juspassa Premiums due and unpaid from Medicare entitles			 	····	†	ł
10499999 Premiums due and unpaid from Medicaid entities	2 452 225	150 412	1		0	2 611 747
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	2,452,335	159,413	1 0	1 0	1 0	2,611,747

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables Magellan Rx Management 0199999 - Pharmaceutical Rebate Receivables	, 00 Edys	0. 00 2 4 3 0	0. 00 Eajo	0.0.00 20,0		
Magellan Rx Management		35,765,977	1,650,594	4,070,348	9,661,988	71 , 168 , 194
0199999 - Pharmaceutical Rebate Receivables	39,343,264	35,765,977	1,650,594	4,070,348	9,661,988	71,168,194 71,168,194
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						7,
0799999 Gross Health Care Receivables	39,343,264	35,765,977	1,650,594	4,070,348	9,661,988	71,168,194

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece During t			ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	44,485,147	57,948,421	1,243,173	79,587,009	45,728,320	45,728,320
Claim overpayment receivables					0	
Loans and advances to providers					0	
Capitation arrangement receivables					0	
Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	44,485,147	57,948,421	1,243,173	79,587,009	45,728,320	45,728,320

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims									
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total			
Claims Unpaid (Reported)					,				
0199999 Individually listed claims unpaid		0	0	0	0	0			
0299999 Aggregate accounts not individually listed-uncovered						0			
0499999 Subtotals 0599999 Unreported claims and other claim reserves	0	0	0	0	0	0			
0699999 Total amounts withheld						0			
0799999 Total claims unpaid						0			
0899999 Accrued medical incentive pool and bonus amounts						0			

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
	R .		B				
	············· ·· ····						
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables	•		-			•	
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Magellan Health, Inc.	Expenses paid by parent on behalf of subPharmacy Claims Payable	(1,624,422) 74,204,434	(1,624,422)	
Magellan Health, Inc	Pharmacy Claims Payable	74,204,434	74,204,434 [°]	
0199999 Individually listed payables.		72,580,012	72,580,012	0
0199999 Individually listed payables				
0399999 Total gross payables		72,580,012	72,580,012	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups		0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers		0.0		0.0		
4. Total capitation payments		0.0	0	0.0	0	
Other Payments:						
5. Fee-for-service	0	0.0	XXX	xxx		
Contractual fee payments	(1,272,212)	(1.2)	XXX	xxx		(1,272,212
Bonus/withhold arrangements - fee-for-service	0		XXX	xxx		`
Bonus/withhold arrangements - contractual fee payments		0.0	XXX	xxx		
9. Non-contingent salaries	0	0.0	XXX	xxx		
10. Aggregate cost arrangements		0.0	XXX	xxx		
11. All other payments		101.2	XXX	xxx		103 , 157 , 689
12. Total other payments	101,885,477	100.0	XXX	XXX	0	101,885,47
13. Total (Line 4 plus Line 12)	101,885,477	100 %	XXX	XXX	0	101,885,477

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EARIDII / - PARI Z - SUWIWART OF TRANSACTIONS WITH INTERWEDIARIES												
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized								
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC								
		-	·····										
		-											
													
		-											
					 								
			 		ļ								
		.			 								
9999999 Totals			XXX	XXX	XXX								

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies	▍┕					
Durable medical equipment						
Other property and equipment						
3. Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2.

IAIO Orang Orde 04000 BUIDINEOU IN THE OTATE OF	- Alabana				2047			(LOCATION)		40750
AIC Group Code 01260 BUSINESS IN THE STATE OF	Alabama	Compre	hensive	DURING THE YEAR	2017			INAI	AIC Company Code	18750
	1	(Hospital 8	& Medical)	4 Medicare Supplement	5	6	7	8	9	10
	Total	2 Individual	3 Group		Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,915									1,91
2 First Quarter	2,450									2,4
3 Second Quarter	2,531									2,53
4. Third Quarter										2,56
5. Current Year	2,554									2,55
6 Current Year Member Months	30,226									30,22
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,678,806									2,678,80
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,678,806									2,678,8
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,674,461									2,674,46
18. Amount Incurred for Provision of Health Care Services	2,674,461									2,674,46

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0_____

7. Physician8. Non-Physician

18. Amount Incurred for Provision of Health Care Services



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company (LOCATION) **DURING THE YEAR 2017** BUSINESS IN THE STATE OF Alaska NAIC Company Code 18750 NAIC Group Code 01260 Comprehensive (Hospital & Medical) 5 10 Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Medicare Medicaid Other Total Members at end of: Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter 5. Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year:

									1	
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0								<u> </u>	
13. Life Premiums Direct	0								<u> </u>	
14. Property/Casualty Premiums Written	0								<u> </u>	
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0								<u> </u>	
17. Amount Paid for Provision of Health Care Services	0									
	l						1	1	(

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company

2.

								(LOCATION)		
AIC Group Code 01260 BUSINESS IN THE STATE OF	Arizona	0	h	DURING THE YEAR	2017	T	T	N/	AIC Company Code	18750
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,508									3,50
2 First Quarter	4,675									4,67
3 Second Quarter	5 , 183									5 , 18
4. Third Quarter	5,597									5,59
5. Current Year	5,915									5,91
6 Current Year Member Months	62,065									62,06
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,139,801									4,139,80
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,139,801									4 , 139 , 80
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,387,518									3,387,51
18. Amount Incurred for Provision of Health Care Services	3,387,518									3,387,51

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

INIO O O . I OACOO PURINEGO IN THE STATE OF	Adama			DUDING THE VEST	0047			(LOCATION)	AIC Company Code	10750
AIC Group Code 01260 BUSINESS IN THE STATE OF	Arkansas	Compro	honeivo	DURING THE YEAR	: 201 <i>/</i>			N/	18750	
	1	(Hospital &	Comprehensive (Hospital & Medical)		5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,182									1 , 18
2 First Quarter	1,870									1,87
3 Second Quarter	1,899									1,89
4. Third Quarter	1,946									1,94
5. Current Year	1,949									1,94
6 Current Year Member Months	22,917									22,91
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,928,674									1,928,67
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,928,674									1,928,6
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,199,466									2,199,4
18. Amount Incurred for Provision of Health Care Services	2,199,466									2,199,46

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2. (LOCATION)

NAIC Crown Code (1976)

NAIC Crown Code (1976)

NAIO O O A4000 PUOINEO IN THE OTAT	TE OF Oalthanda			DUDING THE VEAD	0047			(LOCATION)	10.0	18750
NAIC Group Code 01260 BUSINESS IN THE STAT	E OF California	DURING THE YEAR 2017 Comprehensive						INA	IC Company Code	18750
	1		& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:				DNI						
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2.

NAIC Group Code 01260 BUSINESS IN THE STATE OF	Colorado			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	18750
AIC Group Code 01200 BUSINESS IN THE STATE OF	- Colorado	Compre	hensive	DURING THE YEAR	2017			INF	Tompany Code	16750
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	785									78
2 First Quarter	1,148									1,14
3 Second Quarter	1,221									1,22
4. Third Quarter	1,279									1,27
5. Current Year	1,300									1,30
6 Current Year Member Months	14,766									14,76
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,284,124									1 ,284 , 12
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,284,124									1 , 284 , 12
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,521,271									1,521,27
18. Amount Incurred for Provision of Health Care Services	1,521,271									1,521,27

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE OF Co	nnecticut			DURING THE YEAR	2017			NA NA	IC Company Code	18750
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year: 7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2. (LOCATION)

IAIO Orang Cada A4000 BUONEGO IN THE STATE O	E Delevises			DUDING THE VEAR	0047			(LOCATION)	10.0	40750
IAIC Group Code 01260 BUSINESS IN THE STATE O	F Delaware	Compre	hensive	DURING THE YEAR	(201 <i>1</i>		INF	IC Company Code	18750	
	1	(Hospital	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	568									56
2 First Quarter	709									70
3 Second Quarter	760									76
4. Third Quarter	760									76
5. Current Year	751									75
6 Current Year Member Months	8,731									8,73
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	706,309									706,30
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	706,309									706,30
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	742,433									742,43
18. Amount Incurred for Provision of Health Care Services	742,433									742,43

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......706,309



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2. (I OCATION)

NAIC Group Code 01260 BUSINESS IN THE STATE O	F District of Columbia			DURING THE YEAR	2017			(LOCATION)	IC Company Code	18750
THE CITYLE OF	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	687									687
2 First Quarter	779									779
3 Second Quarter	723									723
4. Third Quarter	750									750
5. Current Year	752									752
6 Current Year Member Months	9,018									9,018
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	842,826									842,820
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	842,826									842,820
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	701,024									701,024
18. Amount Incurred for Provision of Health Care Services	701,024									701,024

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products $\underline{0}$
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......842,826



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 01260 BUSINESS IN THE STATE	OF Georgia			(LOCATION) NAIC Company Code		18750				
THE STATE OF THE S	1	Compre (Hospital 8		DURING THE YEAR	5	6	7	8	9	10730
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,348									2,348
2 First Quarter	3,279									3,279
3 Second Quarter	3,375									3,375
4. Third Quarter	3,471									3,471
5. Current Year	3,467									3,467
6 Current Year Member Months	40,446									40,446
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,446,655									3,446,655
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	3,446,655									3,446,655
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,787,621									3,787,621
18. Amount Incurred for Provision of Health Care Services	3,787,621									3,787,621

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......3,446,655



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE OF Have	vaii			DURING THE YEAR	2017	1	T	NA NA	18750	
	1	(Hospital	Comprehensive (Hospital & Medical)		5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0		 							
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0			ļ						
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NA 0 0 1 0 1000 PURINESS IN THE STATE OF								(LOCATION)	10.0	10750
AIC Group Code 01260 BUSINESS IN THE STATE OF I	dano	Compre	honeivo	DURING THE YEAR	. 2017 T			NA	IC Company Code	18750
	1	(Hospital	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	297									2
2 First Quarter	763									7
3 Second Quarter	801									8
4. Third Quarter	820									8:
5. Current Year	827									83
6 Current Year Member Months	9,574									9,5
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	. 0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	738,930									738,9
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	738,930									738,9
16. Property/Casualty Premiums Earned	. 0									
17. Amount Paid for Provision of Health Care Services	907,017									907,0
18. Amount Incurred for Provision of Health Care Services	907,017									907,0

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......738,930



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. _______

NAIG Coour Code 04000 PUOINEGO IN THE OTATE OF	- 10::-				2017			(LOCATION)	10.0	40750
NAIC Group Code 01260 BUSINESS IN THE STATE OF	- IIIInois	Compre	hensive	DURING THE YEAR	2017			NA	IC Company Code	18750
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,016									2,010
2 First Quarter	3,593									3,59
3 Second Quarter	3,738									3,73
4. Third Quarter	3,817									3,817
5. Current Year	3,837									3,83
6 Current Year Member Months	44,795									44,79
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	1
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,913,017									3,913,01
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,913,017									3,913,01
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,477,966									4 ,477 ,96
18. Amount Incurred for Provision of Health Care Services	4,477,966									4,477,96

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

ALO O O . I	-1				0047			(LOCATION)	10.0	10750
AIC Group Code 01260 BUSINESS IN THE STATE OF	- Indiana	Compre	DURING THE YEAR 2017 Comprehensive						IC Company Code	18750
	1	(Hospital a	& Medical)	4	5	6	7	8	9	10
	Total	2 3 Individual Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:										
1. Prior Year	1,475									1,47
2 First Quarter	2,414									2,41
3 Second Quarter	2,551									2,55
4. Third Quarter	2,682									2,68
5. Current Year	2,705									2,70
6 Current Year Member Months	30,852									30,85
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,644,900									2,644,90
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,644,900									2,644,90
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,183,019									3,183,01
18. Amount Incurred for Provision of Health Care Services	3,183,019									3,183,01

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company

2.

								(LOCATION)		
IAIC Group Code 01260 BUSINESS IN THE STATE OF IC	owa			DURING THE YEAR	2017		T	N/	AIC Company Code	18750
	1 _	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group		Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	623									623
2 First Quarter	2,247									2,24
3 Second Quarter	2,337									2,337
4. Third Quarter	2,416									2,416
5. Current Year	2,426									2,426
6 Current Year Member Months	28,181									28,181
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,513,881									2,513,88
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	2,513,881									2,513,88
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,723,536									2,723,536
18. Amount Incurred for Provision of Health Care Services	2,723,536									2,723,530

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE OF K	ansas			DURING THE YEAR	2017	Г	T	NA	IC Company Code	18750
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIO O O . I	E IZ. at all			DUDINO TUE VEAD	0047			(LOCATION)	IC Company Code	10750
AIC Group Code 01260 BUSINESS IN THE STATE OF	F Kentucky	Compre	hensive	DURING THE YEAR	2017	NA 	18750			
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,406									1,40
2 First Quarter	1,926									1,9
3 Second Quarter	2,026									2,02
4. Third Quarter	2,097									2,09
5. Current Year	2,100									2,10
6 Current Year Member Months	24,329									24,32
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,197,750									2,197,7
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,197,750									2,197,7
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,267,080									2,267,0
18. Amount Incurred for Provision of Health Care Services	2,267,080									2,267,08

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IALO O O . I	1 - 2-2			DUDING THE VEAS	0017			(LOCATION)	AIC Company Code	10750
AIC Group Code 01260 BUSINESS IN THE STATE OF	Louisiana	Compre	honeivo	DURING THE YEAR	R 2017			N/	18750	
	1		(Hospital & Medical)		5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	998									99
2 First Quarter	1,623									1,62
3 Second Quarter	1,707									1,70
4. Third Quarter	1,730									1,73
5. Current Year	1,748									1,74
6 Current Year Member Months	20,322									20,32
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,822,019									1,822,0
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written							ļ			
15. Health Premiums Earned	1,822,019									1,822,0
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services									(1,272,212)	1 ,960 ,98
18. Amount Incurred for Provision of Health Care Services	688,773								(1,272,212)	1,960,98

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

VAIC Group Code 01260 BUSINESS IN THE STATE OF	Maine			(LOCATION)	18750					
AIC GLOUP CORE 01200 BOSINESS IN THE STATE OF	- Mairie	Compre	hensive	DURING THE YEAR					AIC Company Code	
	1	(Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,108									1,10
2 First Quarter	994									99
3 Second Quarter	1,003									1,00
4. Third Quarter	1,022									1,02
5. Current Year	1,003									1,00
6 Current Year Member Months	12,040									12,04
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,053,881									1,053,88
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,053,881									1,053,88
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,021,571									1,021,57
18. Amount Incurred for Provision of Health Care Services	1,021,571									1,021,57

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,053,881



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company

2.

IAIC Group Code 01260 BUSINESS IN THE STATE OF	Mondand			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	18750
AIC GIOUP COULE 01200 BUSINESS IN THE STATE OF	iviai yianu	Compre		DURING THE YEAR	. 2017			NA	T Company code	16750
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,789									3,78
2 First Quarter	4,935									4,93
3 Second Quarter	5,168									5 , 16
4. Third Quarter	5,294									5,29
5. Current Year	5,313									5,31
6 Current Year Member Months	62,062									62,06
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,774,304									4,774,30
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	4,774,304									4,774,30
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,366,287									4,366,28
18. Amount Incurred for Provision of Health Care Services	4,366,287									4,366,28

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
AIC Group Code 01260 BUSINESS IN THE STATE OF N	Massachusetts	1 -		DURING THE YEAR	YEAR 2017			NA NA	IC Company Code	18750
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year: 7. Physician	0		N(DN						
8. Non-Physician	. 0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0			ļ						ļ
14. Property/Casualty Premiums Written	. 0									ļ
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	. 0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

								(LOCATION)		
AIC Group Code 01260 BUSINESS IN THE STATE OF	F Michigan			DURING THE YEAR	2017	1		NA	AIC Company Code	18750
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,686									1,68
2 First Quarter	3,601									
3 Second Quarter	3,858									3,85
4. Third Quarter	4,006									4,00
5. Current Year	4,059									4,05
6 Current Year Member Months	46,283									46,28
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,282,523									4,282,52
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,282,523									4,282,52
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,522,707									4,522,70
18. Amount Incurred for Provision of Health Care Services	4,522,707									4,522,70

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company

2.

IAIC Crown Code 04260 PLICINITIES IN THE STATE OF	Minnonoto			DUDING THE VEAD	2017			(LOCATION)		18750	
AIC Group Code 01260 BUSINESS IN THE STATE OF	winnesota	Compre	hensive	DURING THE YEAR	2017			NA	NAIC Company Code		
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	380									38	
2 First Quarter	993									99	
3 Second Quarter	1,082									1,08	
4. Third Quarter	1,143									1 , 14	
5. Current Year	1,135									1,13	
6 Current Year Member Months	13,012									13,01	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	1,296,094									1,296,09	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	1,296,094									1,296,09	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,448,281									1 ,448 , 28	
18. Amount Incurred for Provision of Health Care Services	1,448,281									1,448,28	

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE O)F Mississippi			DURING THE YEAR	2017			NA	IC Company Code	18750
	1	(Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:				DNI						
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

NAIC Group Code 01260 BUSINESS IN THE STATE OF	= Miccouri	DURING THE YEAR 2017							(LOCATION) NAIC Company Code	
AIC GLOUP COUR 01200 BUSINESS IN THE STATE OF	- IVIISSUUTI	Comprehensive							AIC Company Code	18750
	1	(Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	711									71
2 First Quarter	1,854									1,85
3 Second Quarter	1,910									1,91
4. Third Quarter	1,968									1,96
5. Current Year	1,961									1,96
6 Current Year Member Months	22,990									22,99
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,354,505									2,354,50
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,354,505									2,354,50
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,513,485									2,513,48
18. Amount Incurred for Provision of Health Care Services	2,513,485									2,513,48

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAME OF THE OTHER OF					2017			(LOCATION)		10750
AIC Group Code 01260 BUSINESS IN THE STATE OF	- Montana	2	to a control	DURING THE YEAR	2017	1	1	N/	AIC Company Code	18750
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	205									
2 First Quarter	503									5
3 Second Quarter	522									5
4. Third Quarter	549									5
5. Current Year	540									5-
6 Current Year Member Months	6,335									6,3
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	529,461									529,4
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	529,461									529 ,4
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	573,857									573,8
18. Amount Incurred for Provision of Health Care Services	573,857									573,8

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$529,461



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 01260 BUSINESS IN THE STATE OF	Nobraska			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	18750
AIC GIOUP COUCE UIZOU BUSINESS IN THE STATE OF	INCUIdSKd	Compre	hensive	DOKING THE TEAR	2017			NAIC Company Code		10730
	1	(Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	488									48
2 First Quarter	1,869									1,86
3 Second Quarter	1,912									1,91
4. Third Quarter	1,943									1,94
5. Current Year	1,955									1,95
6 Current Year Member Months	23,056									23,05
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,860,996									1,860,99
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,860,996									1,860,99
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,186,587									2,186,58
18. Amount Incurred for Provision of Health Care Services	2,186,587									2,186,58

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIC Group Code 01260 BUSINESS IN THE STATE OF	Now Hampshire			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	18750
AIC Gloup Code 01200 BOSINESS IN THE STATE OF	New Hampshile	Compre	hensive	DORING THE TEAR	2017			INA	Company Code	16750
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	934									93
2 First Quarter										80
3 Second Quarter										87
4. Third Quarter	901									90
5. Current Year	900									90
6 Current Year Member Months	10,446									10,44
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	822,115									822,11
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned.	822,115									822,11
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	963,148									963 , 14
18. Amount Incurred for Provision of Health Care Services	963,148									963,14

(a) For health business: number of persons insured under PPO managed care products 0______and number of persons insured under indemnity only products 0_____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......822,115



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIC Group Code 01260 BUSINESS IN THE STATE OF	E Now Mayina			DURING THE YEAR	2017			(LOCATION)	IC Company Code	18750
AIC Group Code 01200 BUSINESS IN THE STATE OF	1	Compre (Hospital a		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										1
1. Prior Year	179									17
2 First Quarter	264									26
3 Second Quarter	278									27
4. Third Quarter	285									28
5. Current Year	294									29
6 Current Year Member Months	3,317									3,31
Total Member Ambulatory Encounters for Year:										1
7. Physician	0									J
8. Non-Physician	0									1
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									<u></u>
11. Number of Inpatient Admissions	0									<u></u>
12. Health Premiums Written (b)	245,342									245,34
13. Life Premiums Direct	0									J
14. Property/Casualty Premiums Written	0									J
15. Health Premiums Earned	245,342									245,34
16. Property/Casualty Premiums Earned	0									1
17. Amount Paid for Provision of Health Care Services	284,314									284,31
18. Amount Incurred for Provision of Health Care Services	284,314									284,31

(a) For health business: number of persons insured under PPO managed care products 0______and number of persons insured under indemnity only products 0_____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......245,342



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIC Group Code 01260 BUSINESS IN THE STATE OF	- Now York			DURING THE YEAR	2017			(LOCATION)	IC Campany Cod-	18750
AIC Group Code 01260 BUSINESS IN THE STATE OF	- New York	Comprehensive Comprehensive						NAIC Company Code		18750
	1	(Hospital	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										1
1. Prior Year	15,669									15,66
2 First Quarter	18,852									18,85
3 Second Quarter	20,835									20,83
4. Third Quarter	22,232									22,23
5. Current Year	23,236									23,23
6 Current Year Member Months	245,465									245,46
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	20,320,952									20,320,95
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	20,320,952									20,320,95
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	17 , 106 , 242									17 , 106 , 24
18. Amount Incurred for Provision of Health Care Services	17,106,242									17,106,24

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2.

IAIC Group Code 01260 BUSINESS IN THE STATE OF	North Carolina			DURING THE YEAR	2017			(LOCATION)		18750
AIC Group Code 01260 BUSINESS IN THE STATE OF	Norui Carolina	Compre	hensive	DUKING THE YEAR	2017			NA	AIC Company Code	18750
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,551									3,55
2 First Quarter	5,296									5,29
3 Second Quarter	5,440									5,44
4. Third Quarter	5,589									5 , 58
5. Current Year	5,611									5,61
6 Current Year Member Months	65,361									65,36
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	5,720,437									5,720,43
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	5,720,437									5 , 720 , 4
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	6,513,050									
18. Amount Incurred for Provision of Health Care Services	6,513,050									6,513,05

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIC Group Code 01260 BUSINESS IN THE STATE OF	E North Dakota	DURING THE YEAR 2017							(LOCATION) NAIC Company Code		
AIC Group Code 01260 BUSINESS IN THE STATE OF	1	Compre (Hospital 8		4	5	6	7	8	9	18750 10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	153									15	
2 First Quarter	501									50	
3 Second Quarter	517									51	
4. Third Quarter	523									52	
5. Current Year	530									53	
6 Current Year Member Months	6,178									6,17	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	516,916									516,91	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	516,916									516,91	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	551,085									551,08	
18. Amount Incurred for Provision of Health Care Services	551,085									551,08	

(a) For health business: number of persons insured under PPO managed care products 0______and number of persons insured under indemnity only products 0_____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......516,916



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company

NAIC Group Code 01260 BUSINESS IN THE STATE O	F Ohio			DURING THE YEAR	2017			N.A	IC Company Code	18750
	1	Compre (Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:				DN	_					
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For fleatin business. Humber of persons insured under FFO managed care productsand number of persons insured under indefinity only products	(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2. (LOCATION)

NAIC Group Code 01260 BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2017

NAIC Company Code 18750

NAME OF THE PARTY	TATE OF OUR							(LOCATION)		40750
NAIC Group Code 01260 BUSINESS IN THE S	STATE OF Oklahoma	DURING THE YEAR 2017 Comprehensive						NA	IC Company Code	18750
	1	(Hospital	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:			NI	DN						
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

 REPORT FOR: 1. CORPORATION
 Merit Health Insurance Company
 2.

 NAIC Group Code
 01260
 BUSINESS IN THE STATE OF Oregon
 DURING THE YEAR 2017
 NAIC Company Code
 18750

 Comprehensive
 Image: Company Code of the Code of th

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE OF	Oregon			DURING THE YEAR	2017		Г	NA NA	IC Company Code	18750
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter										
4. Third Quarter										
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:			NIC	DNI						
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0			ļ						
14. Property/Casualty Premiums Written	0			ļ						
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For fleatin business. Humber of persons insured under FFO managed care productsand number of persons insured under indefinity only products	(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2. (COCATION)

IAIC Group Code 01260 BUSINESS IN THE STATE OF	- Dannayhyania			DURING THE YEAR	2017			(LOCATION)	IC Company Code	18750
AIC GIOUP CODE 01200 BUSINESS IN THE STATE OF	1 1	Compre (Hospital 8		DURING THE YEAR	5	6	7	8	9	10
	' -	(Hospital d	3	4	5	0	,	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,623									1,62
2 First Quarter	3,026									3,02
3 Second Quarter	3,218									3,21
4. Third Quarter	3,363									3,36
5. Current Year	3,421									3,42
6 Current Year Member Months	38,665									38,66
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,328,724									3,328,72
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										3,328,72
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,965,123									3,965,12
18. Amount Incurred for Provision of Health Care Services	3,965,123									3,965,12

(a) For health business: number of persons insured under PPO managed care products 0______and number of persons insured under indemnity only products 0_____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company (LOCATION) BUSINESS IN THE STATE OF Rhode Island **DURING THE YEAR 2017** NAIC Company Code 18750 NAIC Group Code 01260 Comprehensive (Hospital & Medical) 5 Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter 5. Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written. 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE OF So	outh Carolina			DURING THE YEAR	2017		T	NA.	IC Company Code	18750
	1	(Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0			ļ						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2.

								(LOCATION)		
AIC Group Code 01260 BUSINESS IN THE STATE OF	F South Dakota	0	h	DURING THE YEAR	2017	1	T	N/	AIC Company Code	18750
	1	Compre (Hospital 8	hensive & Medical) 3	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	204									20
2 First Quarter	733									73
3 Second Quarter	746									74
4. Third Quarter	759									75
5. Current Year	757									75
6 Current Year Member Months	8,992									8,99
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	811,222									811,22
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										811,22
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	939,427									939,42
18. Amount Incurred for Provision of Health Care Services	939,427									939,42

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......811,222



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2.

IAIC Group Code 01260 BUSINESS IN THE STATE OF	Topposoo			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	18750
AIC Group Code 01200 BUSINESS IN THE STATE OF	Termessee	Compre		DURING THE YEAR	2017			NA	AIC Company Code	10/50
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,175									2,17
2 First Quarter	3,029									3,02
3 Second Quarter	3,156									
4. Third Quarter	3,248									3,24
5. Current Year	3,227									3,22
6 Current Year Member Months	37,743									37,74
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,307,075									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,307,075									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,597,682									
18. Amount Incurred for Provision of Health Care Services	3,597,682									3,597,68

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......3,307,075



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE O	F Texas			DURING THE YEAR	2017	ľ	T	NA NA	IC Company Code	18750
	1	(Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,446									4,4
2 First Quarter	6,079									6,0
3 Second Quarter	6,366									6,3
4. Third Quarter	6,463									6,4
5. Current Year	6,493									6,4
6 Current Year Member Months	75,892									75,8
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	7,000,201									7,000,2
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	7 ,000 ,201									7,000,2
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	7,516,625									7 ,516 ,6
18. Amount Incurred for Provision of Health Care Services	7,516,625									7,516,6

(a) For health business: number of persons insured under PPO managed care products 0______and number of persons insured under indemnity only products 0_____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

NAME OF THE OTHER OF THE OTHER OF THE								(LOCATION)	10.0	10750
AIC Group Code 01260 BUSINESS IN THE STATE OF Utah		Compre	honoivo	DURING THE YEAR	. 2017 T			NA	IC Company Code	18750
	1	(Hospital	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	239									2
2 First Quarter	549									5
3 Second Quarter	605									60
4. Third Quarter	654									65
5. Current Year	685									68
6 Current Year Member Months	7,398									7,39
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	556,089									556,08
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	556 , 089									556 , 0
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	665,081									665 , 08
18. Amount Incurred for Provision of Health Care Services	665,081									665,08

(a) For health business: number of persons insured under PPO managed care products 0______and number of persons insured under indemnity only products 0_____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......556,089



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE C	F Vermont			DURING THE YEAR	2017			. NA	IC Company Code	18750
	1	(Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
--	---

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIO Carrier Carla 04000 BUOINEGO IN TUE CTATE OF	T Minninin				2 0047			(LOCATION)		18750	
AIC Group Code 01260 BUSINESS IN THE STATE OF	r virginia	DURING THE YEAR 2017 Comprehensive							NAIC Company Code		
	1	(Hospital	& Medical)	4	5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	7 ,836									7,83	
2 First Quarter	13,468				<u> </u>					13,46	
3 Second Quarter	14,600									14,60	
4. Third Quarter	15,612									15,61	
5. Current Year	16,268									16,26	
6 Current Year Member Months	175,641									175,64	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	13,689,403				<u> </u>					13,689,40	
13. Life Premiums Direct	0				<u> </u>						
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	13,689,403									13 , 689 , 40	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	12,400,260									12,400,26	
18. Amount Incurred for Provision of Health Care Services	12,400,260									12,400,26	

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......13,689,403



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2. (LOCATION)

NAIO O O . I 04000 BUONEGO IN THE OT	ATE OF Western			DUDING THE VEAD	0047			(LOCATION)	10.0	40750
NAIC Group Code 01260 BUSINESS IN THE STA	ATE OF Washington	Compr	rehensive	DURING THE YEAR	2017			NA I	IC Company Code	18750
ı	1		l & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:			N(
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2. _________(LOCATION)

IAIC Crown Code 04260 DUCINESS IN THE STATE OF	□ Most Virginia			DURING THE YEAR	2017			(LOCATION)	IC Company Code	18750
AIC Group Code 01260 BUSINESS IN THE STATE OF		Compre				_	_		IC Company Code	
	1	(Hospital 8	& Medical) 3	4	5	6 I	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	477									47
2 First Quarter	879									87
3 Second Quarter	922									92
4. Third Quarter	956									95
5. Current Year	978									97
6 Current Year Member Months	11,185									11,18
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,117,573									1 , 117 , 57
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,117,573									1 , 117 , 57
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1 , 195 , 102									1 , 195 , 10
18. Amount Incurred for Provision of Health Care Services	1,195,102									1,195,10

(a) For health business: number of persons insured under PPO managed care products 0______and number of persons insured under indemnity only products 0_____

14. Property/Casualty Premiums Written

16. Property/Casualty Premiums Earned.

17. Amount Paid for Provision of Health Care Services18. Amount Incurred for Provision of Health Care Services

15. Health Premiums Earned.



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company (LOCATION) BUSINESS IN THE STATE OF Wisconsin **DURING THE YEAR 2017** NAIC Company Code 18750 NAIC Group Code 01260 Comprehensive (Hospital & Medical) 5 Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter 5. Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct

	(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products	
(b) For health premiums written; amount of Medicare Title XVIII exempt from state taxes or fees \$	(h) For health promiums written; amount of Medicare Title VVIII exempt from state taxes or foce	¢	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIO O O A4000 PUONEGO IN THE OTATE O	.F. 144			DUDING THE VEA	20047			(LOCATION)	10.0	40750
AIC Group Code 01260 BUSINESS IN THE STATE O	r vvyoming	Compre	ehensive	DURING THE YEAR	R 2017	1		I NA	IC Company Code	18750
	1		& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	15									
2 First Quarter	261									20
3 Second Quarter	264									20
4. Third Quarter	281									28
5. Current Year	277									27
6 Current Year Member Months	3,204									3,20
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	275,566									275,56
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	275,566									275,5
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	294,379									294,37
18. Amount Incurred for Provision of Health Care Services	294,379									294,37

(a) For health business: number of persons insured under PPO managed care products 0______and number of persons insured under indemnity only products 0_____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$275,566



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE OF	Consolidated	0.	t	DURING THE YEAR	2017			NA I	IC Company Code	18750
	1	(Hospital a		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	63,676	0	0	0	0	0	0	0	0	63,676
2 First Quarter	95,970	0	0	0	0	0	0	0	0	95,970
3 Second Quarter	102,124	0	0	0	0	0	0	0	0	102 , 124
4. Third Quarter		0	0	0	0	0	0	0	ļ0 ļ.	106 , 716
5. Current Year	108,974	0	0	0	0	0	0	0	0	108,974
6 Current Year Member Months	1,221,487	0	0	0	0	0	0	0	0	1,221,487
Total Member Ambulatory Encounters for Year:										
7. Physician		0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	С
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	(
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	(
12. Health Premiums Written (b)	102,721,070	0	0	0	0	0	0	0	0	102,721,070
13. Life Premiums Direct		0	0	0	0	0	0	0	0	(
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	(
15. Health Premiums Earned	102,721,070	0	0	0	0	0	0	0	0	102 , 721 , 070
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	101,885,477	0	0	0	0	0	0	0	(1,272,212)	103 , 157 , 689
18. Amount Incurred for Provision of Health Care Services	101,885,477	0	0	0	0	0	0	0	(1,272,212)	103,157,689

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$102,721,070

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	6,977,095		6,977,095
2.	Accident and health premiums due and unpaid (Line 15)	16,372,585		16,372,585
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	107,697,681		107,697,681
6.	Total assets (Line 28)	131,047,361	0	131,047,361
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	0	0	0
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	560,571		560,571
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12.				0
13.				0
14.				78,592,847
15.	Total liabilities (Line 24)	79,153,418	0	79,153,418
16.	Total capital and surplus (Line 33)		XXX	51,893,941
17.	Total liabilities, capital and surplus (Line 34)	131,047,359	0	131,047,359
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid.	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

States, Etc. 1. Alabama 2. Alaska 3. Arizona 4. Arkansas 5. California 6. Colorado 7. Connecticut	AR CA CO	1 Life (Group and Individual)	Annuities (Group and Individual)	3 Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AK AZ AR CA	(Group and		(Group and	(Group and		Totals
1. Alabama	AK AZ AR CA	Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
2. Alaska 3. Arizona 4. Arkansas 5. California 6. Colorado 7. Connecticut	AK AZ AR CA						1
3. Arizona 4. Arkansas 5. California 6. Colorado 7. Connecticut	AZ AR CA				i	ļ	
4. Arkansas 5. California 6. Colorado 7. Connecticut	AR CA CO						
5. California 6. Colorado 7. Connecticut	CA						
6. Colorado	CO						
7. Connecticut							
0 D I	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida							
11. Georgia							
	HI						
13. Idaho							
14. Illinois	IL		-	····	l		
15. Indiana				ļ		ļ	ļ
16. lowa	JA		.				
17. Kansas	KS		.				
18. Kentucky	KY						
19. Louisiana							
20. Maine	ME						
21. Maryland							
22. Massachusetts							
3-	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada							
		······································					
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon	OR						
	-						
39. Pennsylvania							
40. Rhode Island			·	·	l	 	ļ
41. South Carolina	SC		-	ļ	ļ	ļ	ļ
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia		•					
-							
48. Washington			-				
49. West Virginia							
50. Wisconsin				ļ	ļ	ļ	ļ
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam				ļ	İ	l	L
54. Puerto Rico							
55. US Virgin Islands				İ			
						ļ	
56. Northern Mariana Islands							
57. Canada						ļ	
58. Aggregate Other Alien	TO						

4

							1		1	T		1	T		
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
		NAIC				Exchange if Publicly	Names of		Relationship to	1	Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact.	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
00000		00000			10/11	NASDQ	Magellan Health, Inc.	DE	UIP	Stockholders	Ownership	100.0	Magellan Health,	l N	1
00000				1	13411	I NAODQ	Magellan Pharmacy Services,			Stockhorders		100.0	Magellan Health,		
00000		00000		ļ			Inc.	DE	NIA	Magellan Health, Inc	Ownership	100.0	Inc.	N	
00000		00000					4-D Pharmacy Management Systems. LLC	MN	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health,	l N	
00000				1			Magellan Method, LLC (f/k/a	JIIIN	N I /\	Magellan Pharmacy Services,			Magellan Health,		
00000		00000					[CDMI, LLC)	RI	NIA	Inc.	Ownership	100.0	Inc	N	
00000		00000					Magellan Administrive Services,	DE	NIA	Magellan Pharmacy Services,	Ownership	100.0	Magellan Health, Inc.	l N	
00000		00000		1			Magellan Behavioral of	J	NI M	Magellan Pharmacy Services,		100.0	Magellan Health,		
00000		00000					Michigan, Inc	MI	NIA	Inc	Ownership	100.0	Inc		
							Magellan Health Services of California, Inc - Employer			Magellan Pharmacy Services,			Magellan Health,		
00000		00000					Services	CA	NIA	Inc.	Ownership.	100.0	Inc.	l N	
							Magellan Rx Management IPA,			Magellan Pharmacy Services,	'		Magellan Health,		
00000		00000					. Inc	NY	NIA	IncMagellan Pharmacy Services,	Ownership	100.0	Inc. Magellan Health,	N .	
00000		00000						DE	NIA	Inc.	Ownership	100.0		l N	
İ											İ '		Magellan Health,		
00000		00000					ONCORE Healthcare, LLC Magellan Pharmacy Solutions,	DE	NIA	Magellan Rx Pharmacy, LLC Magellan Pharmacy Services,	. Ownership	100.0	Inc Magellan Health,	N .	
00000		00000					Inc.]DE	NIA	Inc.	Ownership.	100.0	Inc.	l N	
i i										Magellan Pharmacy Services,	'		Magellan Health,		
00000		00000					. Magellan Rx Management, LLC	DE	NIA	IncMagellan Pharmacy Services,	Ownership	100.0	IncMagellan Health,	N .	
00000		00000					AdvoCare of Tennessee, Inc	TN	NIA	Inc.	Ownership	100.0	Inc.	l N	
							Magellan Behavioral Health of]	Magellan Pharmacy Services,			Magellan Health,		
01260M	agellan Health Inc	12632 5	52-2310906				New Jersey, LLC	NJ	I A	Inc.	Ownership	100.0	Inc	N .	
00000		00000					Veridicus Holdings, LLC	UT	NIA	Magellan Pharmacy Services,	Ownership.	100.0	Magellan Health, Inc.	l N	
											'		Magellan Health,		•••••
00000		00000		-			VRx, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Inc.	N .	
00000		00000					VRx Pharmacy, LLC	JUT	NIA	Veridicus Holdings, LLC	. Ownership	100.0	Magellan Health,	l N	
İ				1						Tron randa noraniga, Eza	. O WINOT SITT P		Magellan Health,		
00000		00000					Veridicus Consulting, LLC	UT	NIA	Veridicus Holdings, LLC	. Ownership	100.0	Inc		
00000		00000					Veridicus Rx, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership.	100.0	Magellan Health, Inc.	l N	
				1	1	1	Alliance Enrollment Techology,	1		Trot rations florallys, LLO	- Owner on the	100.0	Magellan Health,		
00000		00000				ļ	LLC	UT	NIA	Veridicus Holdings, LLC	. Ownership	100.0	Inc.	N	
00000		00000					Veridicus Acquisitions, LLC	UT	NIA	Veridicus Holdings, LLC	. Ownership	100.0	Magellan Health, Inc	NI NI	
				1		1	. Tref fatous Acquistitions, LLC	الا		Trot tutous horutilys, LLG	- Owner 2111h	100.0	Magellan Health,		
00000		00000					Magellan Healthcare, Inc	DE	UDP	Magellan Health, Inc	Ownership	100.0	Inc.	N.	
00000		00000					Arizona Riodyno Inc	AZ	NIA	Magallan Hoaltheare Inc	Ownerchin	100.0	Magellan Health,	N	
UUUUU							Arizona Biodyne, Inc	. AL		Magellan Healthcare, Inc	.Ownership	100.0	T 1116		

							_						T		
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
00000		00000					AlabaCara Haldinga Ina	DE	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.		
00000							AlphaCare Holdings, Inc	DE	NTA	Magerran Hearthcare, Inc	ownersiirp	100.0	Magellan Health,		
01260	Magellan Health Inc.	15280	38-3889400				AlphaCare of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership.	100.0	Inc.	l N	
0.200		10200	00 0000 100				Continuum Behavioral Healthcare		1	Triphadare herarige, mer	5 p		Magellan Health.	1	
00000		00000					Corporation	DE	NIA	Magellan Healthcare, Inc	Ownership	100.0	Inc	N	
							<u></u>						Magellan Health,	l .l	
00000		00000					Cobalt Therapeutics, LLC	DE	NIA	Magellan Healthcare, Inc	Ownership	100.0	IncMagellan Health,	N	
00000		00000					Cobalt Software, LLC	DE	NIA	Cobalt Therapeutics, LLC	Ownership	100.0	magerran Hearth, Inc.	N	
00000							Granite Alliance Insurance		NI/	Cobart merapeutros, LLC	Owner 3111 P	100.0	Magellan Health.		
01260	Magellan Health Inc		46-1792156				Company	UT	II A	Magellan Healthcare, Inc	Ownership	100.0		lN	
	- 3						' '			,			Magellan Health,		
00000		00000					MBC of America, Inc	DE	NIA	Magellan Healthcare, Inc	Ownership	100.0	Inc	N	
00000		00000					Empire Community Delivery	107		MB0 ()	0 1:	40.7	Magellan Health,	ا, ا	
00000		00000					Systems Inc	NY	NIA	MBC of America, Inc	Ownership	16.7	IncMagellan Health.		
01260	Magellan Health Inc	14447	45-4229574				Florida MHS. Inc	FL	IA	Magellan Healthcare, Inc	Ownership	100.0	,	l N	
01200	magerran nearth me		43-4223374				Magellan Behavioral Health of			I magerran nearthcare, mc	Owner 3111 p	100.0	Magellan Health,		
00000		00000					Connecticut, L.L.C.	CT	NIA	Magellan Healthcare, Inc	Ownership	100.0	Inc	N	
İ							Magellan Choices for Families,			,	'		Magellan Health,	i i	
00000		00000					LLC	NE	NIA	Magellan Healthcare, Inc	Ownership	60.0	Inc	N	
00000		00000					Manallan Camalata Cana	DE	NILA	Manal I an I land theore I had	O	100.0	Magellan Health,	l ,,	
00000		00000					Magellan Complete Care, Inc Magellan Complete Care of	DE	NIA	Magellan Healthcare, Inc	Ownership	100.0	IncMagellan Health,	IN	
01260	Magellan Health Inc.	16043	81-0983027				Virginia, LLC	VA	IA	Magellan Healthcare, Inc.	Ownership.	100.0	Inc.	l N	
01200	magorran rioaren riio	10010	01 0000021				Magellan Complete Care of		1	linggorran riour triouro, riio	0 111 P		Magellan Health,	1	
01260	Magellan Health Inc	. 15550	46-4188169				Louisiana, Inc	LA	I A	Magellan Healthcare, Inc	Ownership	100.0	Inc	N	
1	L	l					Magellan Complete Care of		l	l.,			Magellan Health,	ll	
01260	Magellan Health Inc	. 15681	47 - 1084674				Nebraska	NE	I A	Magellan Healthcare, Inc	Ownership	100.0		N	
01260	Magellan Health Inc.	15924	46-4457706				Magellan Complete Care of Pennsylvania, Inc.	PA	IA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
01200	magerran nearth me		40-4437700				Magellan Complete Care of	7		I magerran nearthcare, mc	Owner 3111 P	100.0	Magellan Health.		
00000		00000					Texas, Inc.	TX	NIA	Magellan Healthcare, Inc.	Ownership.	100.0	Inc.	N	
							Magellan Healthcare Provider			, , , , , , , , , , , , , , , , , , , ,	,		Magellan Health,		
00000		00000					Group	MD	NIA	Magellan Healthcare, Inc	Ownership	100.0	Inc		
00000		00000					Magellan Medicaid	1/4	NII A	Manada da da da da da da da da da da da da	O	400.0	Magellan Health,	١ ا	
00000		00000					Administration, Inc	VA	NIA	Magellan Healthcare, Inc Magellan Medicaid	Ownership	100.0	Inc Magellan Health.		
00000		00000					FHC. Inc.	CAN	NIA	Administration, Inc.	Ownership	100.0		l N	
00000				1			, 1110, 1110	Oni		Magellan Medicaid	o #1101 3111 p	100.0	Magellan Health,	'	
00000		00000					Provider Synergies, LLC	0H	NIA	Administration, Inc	Ownership	100.0	Inc	N	
							Human Affairs Internation1 of			,	'		Magellan Health,		
00000		00000					California, Inc	CA	NIA	Magellan Healthcare, Inc	Ownership	100.0			
00000		00000					Magellan Behavioral Health of	FL	NI A	Magallan Haalthaara Ina	Ownorchin	100.0	Magellan Health,	, i	
00000							Florida, Inc Magellan Behavioral Health of		NIA	Magellan Healthcare, Inc	Ownership	100.0	IncMagellan Health,	^N -	
01260	Magellan Health Inc	14441	46-0856929				Nebraska, Inc	NE	I A	Magellan Healthcare, Inc	Ownership	100 0	Inc	N	
J 1200		9 111111			1		1.100. dona, 1110	J	4(/ \	Imagarran noar mouro, mo	v v . v		1	1	

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
00000		00000					Magellan Behavioral Health Systems, LLC	UT	NIA	Magellan Healthcare, Inc.	Ownorobin	100.0	Magellan Health,	الما	
00000							Systems, LLC		NIA	I magerran hearthcare, inc	Ownership	100.0	Magellan Health,		
00000		00000					Magellan Health QIO. LLC	NE	NIA	Magellan Healthcare, Inc	Ownership	100.0		l N	
00000				1			Magellan Health Services of		1	I magor rair riour triouro, riio	0 m 10 10 11 1 p		Magellan Health,	1	
00000		00000					Arizona, Inc.	AZ	NIA	Magellan Healthcare, Inc	Ownership	100.0	Inc	N	
							Magellan Complete Care of								
							Arizona, Inc (f/k/a Magellan of			Magellan Health Services of			Magellan Health,		
01260	Magellan Health Inc.	14641 4	15 - 5337737				Arizona)	AZ	I A	Arizona, Inc.	Ownership	100.0	Inc	N	
00000		00000					Magellan Health Services of New			l.,		400 0	Magellan Health,	l ,l	
00000		00000					Mexico	NM	NIA	Magellan Healthcare, Inc	Ownership	100.0	Inc Magellan Health.		
00000		00000					Magellan CBHS Holdings, LLC	DE	NIA	 Magellan Healthcare, Inc	Ownership	100.0		N	
00000							Charter Behavioral Health	DL		I mayerran nearthcare, inc	Ownersinp	100.0	Magellan Health,	· · · · · · · · · · · · · · · · · · ·	
00000		00000					System of Massachussetts. Inc.	MA	NIA	Magellan CBHS Holdings, LLC	Ownership	100.0	Inc.	l N	
00000							Charter Behavioral Health			magerran esne neramge, 220			Magellan Health,		
00000		00000					System of New Mexico, Inc	NM	NIA	Magellan CBHS Holdings, LLC	Ownership	100.0	Inc	N	
							Charter Fairmont Behavioral						Magellan Health,		
00000		00000					Health System, Inc	РА	NIA	Magellan CBHS Holdings, LLC	Ownership	100.0		N	
00000		00000					Charter Medical of Puerto Rico,	DD.				400 0	Magellan Health,	l ,l	
00000		00000					Inc	PR	NIA	Magellan CBHS Holdings, LLC	Ownership	100.0	Inc	N	
00000		00000					Charter North Star Behavioral Health Systems, L.L.C	TN	NIA	 Magellan CBHS Holdings, LLC	Ownorchin	50.0	Magellan Health, Inc.	_N	
00000							Charter Northridge Behavioral	I IN	N I A	Imagerian Cons nordings, LLC	. ownersinp		Magellan Health,		
00000		00000					Health Systems, Inc.	NC	NIA	Magellan CBHS Holdings, LLC	Ownership	100.0		l N	
00000				1			Holly Hill/Charter Behavioral		1	Charter Northridge Behavioral	. o o . o . o . o . o . o . o . o		Magellan Health,	1	
00000		00000					Health System, L.L.C.	TN	NIA	Health System, Inc.	Ownership	50.0	Inc	N	
i i											·		Magellan Health,	i i	
00000		00000					MBH of Puerto Rico, Inc	PR	NIA	Magellan Healthcare, Inc	Ownership	100.0	Inc		
										L			Magellan Health,	ll	
01260	Magellan Health Inc	18750 3	36-3856181				Merit Health Insurance Company	IL	RE	Magellan Healthcare, Inc	Ownership	100.0	Inc		
01260	Magellan Health Inc.	97292	57 - 0724249				Magellan Life Insurance Compnay	DE	IA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	_N	
01200	magerran nearth inc	91292	07 -07 24249				. Magerran Erre misurance compnay	⊅⊑	I A	I Mayerran hearthcare, inc	Ownersinp	100.0	Magellan Health,		
00000		00000					U.S. IPA Providers. Inc	NY	NIA	Magellan Healthcare, Inc	Ownership	100.0	Inc	l N	
00000				1			Merit Behavioral Care			I magoritan noarthoard, mo	0 milor on p		Magellan Health,	1	
00000		00000					Corporation	DE	NIA	Magellan Healthcare, Inc	Ownership	100.0	Inc	l	
										Merit Behavioral Care			Magellan Health,		
00000		00000					Magellan HRSC, Inc	OH	NIA	Corporation	Ownership	100.0	Inc	N	
		1 1					Magellan Behavioral Health of	_	ĺ .	Merit Behavioral Care			Magellan Health,		
01260	Magellan Health Inc	47019 2	23-2759528	.			Pennsylvania, Inc	PA		Corporation	Ownership	100.0	Inc		
00000		00000					Continuum Behavioral Care,	D :	NI A	Merit Behavioral Care	Owen and his	F0 0	Magellan Health,	[,	
00000		00000					L.L.CMagellan Providers of Texas.	RI	NIA	Corporation Merit Behavioral Care	Ownership	50.0	Inc Magellan Health.		
00000		00000					Imagerian Providers of Texas,	TX	NIA	Corporation	Ownership	100.0	Inc	NI NI	
00000				1			1110	1 A		Merit Behavioral Care	0#1161 9111 P	100.0	Magellan Health,	1'\	
00000		00000					MBC of North Carolina, L.L.C	NC	NIA	Corporation	Ownership	100.0		l N	
				1			1	1	4		1 o o b		1	4	

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,			1 1	
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to	1	Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
						•	Magellan Behavioral Care of			Merit Behavioral Care		-	Magellan Health,		
00000		00000					lowa, Inc	I A	NIA	Corporation	Ownership	100.0	Inc	N	
l										L			Magellan Health,	l .l	
00000		. 00000					PPC Group, Inc.	DE	NIA	Magellan Healthcare, Inc	Ownership	100.0			
00000		00000					D D O Lee	MO	NII A	Manadan Harlthanna Inc	O	400 0	Magellan Health,	١ا	
00000		. 00000					P.P.C., Inc.	JWU	NIA	Magellan Healthcare, Inc	Ownership	100.0	Magellan Health,		
00000		00000					National Imaging Associates, Inc.	DE	NIA	Magellan Healthcare, Inc	Ownership	100.0	Inc.	l N	
00000							Accountable Cardiac Care of		NTA	National Imaging Associates,	Ownersinp	100.0	Magellan Health,	1	
00000		00000					Mississippi, LLC	MS	NIA	Inc.	Ownership	50.0		l N	
		1							1	National Imaging Associates,	0 O		Magellan Health,	1	
00000		00000					NIA IPA of New York, Inc	NY	NIA	Inc	Ownership	100.0	Inc	N	
1 1							National Imaging Associates of			National Imaging Associates,	İ '		Magellan Health,	1 1	
00000		. 00000					Pennsylvania, LLC	PA	NIA	Inc.	Ownership	100.0			
1							National Imaging of California,			National Imaging Associates,			Magellan Health,	l .l	
00000		. 00000					Inc	CA	NIA	Inc.	Ownership	100.0			
00000		00000					l			National Imaging Associates,		400 0	Magellan Health,	١, ١	
00000		. 00000					NIA lowa, Inc	I A	NIA	Inc National Imaging Associates,	Ownership	100.0	Magellan Health,	N	
00000		. 00000					NIA/Magellan Specialty Management, Inc	DE	N I A	Inc.	Ownership	100.0	lnc		
00000		100000					. Management, inc	DE	NTA	.	. ownersinp	100.0	Magellan Health,		
00000		00000					SWH Holdings, Inc	DE	NIA	Magellan Healthcare, Inc	Ownership	100.0	Inc.	l N	
00000		100000					Cint norumgs, mo.		1	I magoritan ricartificaro, mo	0 #1101 5111 P	100.0	Magellan Health,	1	
00000		00000					Senior Health Holdings, LLC	DE	NIA	SWH Holdings, Inc	Ownership.	100.0	Inc.	l N	
		i i]				İ '		Magellan Health,]	
00000		00000					Senior Health Holdings, Inc	DE	NIA	Senior Health Holdings, LLC	Ownership	100.0		N	
1 1													Magellan Health,	1 1	
00000		. 00000					Senior Whole Health, LLC	DE	NIA	Senior Health Holdings, Inc	Ownership	100.0	Inc		
04000	Manad Land Hard Albertan	40770	00.0400400				Senior Whole Health of New	AIV/	1.4	One in a Haralah Haldinar II.	O	400 0	Magellan Health,	١ ا	
01260	Magellan Health Inc	. 12776 8	33-0463162				York, Inc Senior Whole Health Management,	NY	IA	Senior Health Holdings, Inc	Ownership	100.0	Magellan Health,		
00000		00000					Inc	DE	NIA	Senior Health Holdings, LLC	Ownerchin	100.0		l N	
00000		1000001.					. 1110	DL	NIA	l Joennor Hearth Horumgs, ELC	. Owner sirrp	100.0	Magellan Health,		
00000		00000					The Management Group, LLC	WI	NIA	Magellan Healthcare, Inc	Ownership	100.0		N	
							Accenda Health Holding Company.]	1			Magellan Health,]	
00000		00000					LLC	DE	NIA	Magellan Health, Inc	Ownership	30.0	Inc.		
								1			·		Magellan Health,		
00000		00000					Magellan Capital, Inc	DE	NIA	Magellan Health, Inc	Ownership	100.0			
							Magellan Financial Capital,			I.,			Magellan Health,	L. 1	
00000		00000		ļ			Inc	NV	NIA	Magellan Health, Inc	Ownership	100.0		N.	
00000		00000					Armed Forces Services	3/A	NI A	Magallan Haalthaara Jaa	Ownershi-	100.0	Magellan Health,	,	
00000		. 00000		·			Corporation HealthPeaksMD, LLC (f/k/a	VA	NIA	Magellan Healthcare, Inc	Ownership	1	IncMagellan Health,	N	
00000		00000					Magnet Health, LLC(1/k/a	DE	NI A	Magellan Healthcare, Inc.	Ownership	100.0			
								µ∟	NIA	Imagorian neartheare, inc	Omilia 19111 h	100.0	1110	1	
		1							1						
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		NAIG				Name of Securities Exchange if	Names of		Relationship			If Control is		Is an SCA	
Group Code	Crown Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling Entity(ies)/Person(s)	Filing Required?	*
Code	Group Name	Code	Number	KSSD	CIK	international)	Of Affiliates	Location	Enuty	(Name of Entity/Person)	miliuerice, Other)	Percentage	Enuty(les)/Person(s)	(f /N)	
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Asterisk	Explanation
1	From time to time BlackBock Inc. and its affiliates have owned 10% or more of the stock of Magellan Health. Inc. The Company believes that BlackBock has filed disclaimers of control with respect to any such ownership.

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SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

Name of Insurers and Parent, Subsidiaries or Affiliates Shareholder Capital Contributions Capi	1	2	3	4	5	6 Purchases, Sales or		8	9	10	11	12	13 Reinsurance
## 1972 1986 1987	Company	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates		Capital Contributions	Estate, Mortgage Loans or Other	Guarantees or Undertakings for the Benefit of anv	Agreements and Service Contracts	(Disbursements) Incurred Under Reinsurance		the Insurer's Business	Totals	Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
		E0 4070007	M II II III I					I /.315.005			(15,724,200)	(8,409,195)	
		52-2135463	Magellan Healthcare, Inc.					97,200			45 704 000	97,200	
	1873U 17202	30 - 3830 8 57 - 0724249	Magellan Life Insurance Company					(10,035,903)			15,724,200	(311,703) 0	[
	// 202	46-3708039	Magellan Rx					8.623.698				8.623.698	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

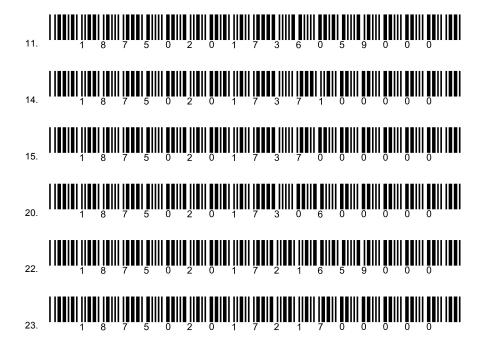
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.					
	MARCH FILING	Responses				
1.		YES				
2.		YES				
3.		YES				
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? APRIL FILING	YES				
5.		YES				
6.		YES				
7.		YES				
	JUNE FILING					
8.	Will an audited financial report be filed by June 1?	YES				
9.	9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?					
	AUGUST FILING					
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES				
which	billowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar complement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following ons.	de will be printed below. If				
	MARCH FILING					
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO				
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	YES				
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION				
14.		NO				
15.	domicile and electronically with the NAIC by March 1?	N0				
16.	· · · · · · · · · · · · · · · · · · ·	YES				
17.	filed electronically with the NAIC by March 1?	SEE EXPLANATION				
18.	electronically with the NAIC by March 1?	SEE EXPLANATION				
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION				
	APRIL FILING					
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0				
21.		YES				
22.		N0				
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO				
	AUGUST FILING					
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION				
-	nation:					
11.						
13. Me	erit Health Insurance Company has less than 100 stockholders, thus this filing is not required.					
14.						
15.						
17. Me	erit Health Insurance Company is not requesting relief related to the 5-year rotation requirement.					
18. Me	erit Health Insurance Company is not requesting relief related to the one-year cooling off period for independent CPAs.					
19. M	erit Health Insurance Company is not requesting relief related to the audit committee requirement.					
20 .						
22.						
23.						

24. Merit Health Insurance Company's premiums are less than \$500 million, thus this filing is not required.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25. *EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. ACA Taxes.			0		0
2505. Training Expenses			450		450
2506. Bad Debt Expense related to uninsured plans			0		0
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	450	0	450



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance) (To Be Filed By March 1)

NAIC Group Code 01260 NAIC Company Code 18750

	Individual Co	overage	Group Co	verage	5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	99 ,242 ,570	XXX		XXX	99,242,570
1.12 Without Reinsurance Coverage					
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	0
1.2 Supplemental Benefits					
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	3,478,501	XXX		XXX	XXX
2.12 Without Reinsurance Coverage					
2.2 Supplemental Benefits		XXX		XXX	XXX
Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		ХХХ	XXX
3.12 Without Reinsurance Coverage			I I		
3.2 Supplemental Benefits			i i	i	
Risk-Corridor Payment Adjustments-change					
4.1 Receivable	12,258,491	xxx		xxx	XXX
4.2 Payable					XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	102,721,070	XXX		XXX	XXX
5.12 Without Reinsurance Coverage					
5.13 Risk-Corridor Payment Adjustments					
5.2 Supplemental Benefits	,,	XXX		XXX	XXX
6. Total Premiums	114,979,561	XXX	0	XXX	99,242,570
7. Claims Paid	, , , , , ,				, ,
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	115 574 097	XXX		xxx	115 574 097
7.12 Without Reinsurance Coverage					
7.2 Supplemental Benefits					
Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	23 246 526	YYY		YYY	YYY
8.12 Without Reinsurance Coverage					
8.2 Supplemental Benefits					
Health Care Receivables-change					
S .					
9.1 Standard Coverage 9.11 With Reinsurance Coverage	35 662 034	vvv		vvv	vvv
9.12 Without Reinsurance Coverage					
9.2 Supplemental Benefits					
10 Claims Incurred					ΛΛΛ
10.1Standard Coverage	102 157 600	vvv		vvv	VVV
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage				XXX	XXX
10.2 Supplemental Benefits.	100 1E7 COO	XXX	0	XXX	XXX 115 574 007
11. Total Claims	103,157,689	XXX	"	XXX	115,574,097
12. Reinsurance Coverage and Low Income Cost Sharing	VVV		WWW		,
12.1 Claims Paid – Net To Reimbursements Applied					
12.2 Reimbursements Received but Not Applied-change					(
12.3 Reimbursements Receivable-change					XXX
12.4 Health Care Receivables-change					XXX
13. Aggregate Policy Reserves-change					
14. Expenses Paid					
15. Expenses Incurred			i i	XXX	XXX
16. Underwriting Gain/Loss	(3,571,450)	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(31,724,850

ALPHABETICAL INDEX

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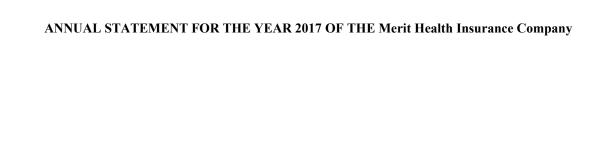
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Life Supplement - Exhibit 5

NONE

Life Supp. - Exhibit 5 - Interrogatories NONE

Exhibit 7 - Deposit Type Contracts
NONE

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NONE

Schedule S - Part 3 - Section 1

NONE



DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2017

C Group Code 01260	LIFE INSURANCE NAIC Company Cod					
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5 Total	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	rotai	
1. Life insurance						
Annuity considerations Deposit-type contract funds				XXX		
		·····				
5. Totals (Sum of Lines 1 to 4)		h	Λ	Λ		
DIRECT DIVIDENDS TO POLICYHOLDERS	0	0	0	0		
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit		l				
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)		l0 l	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	ļ0 ļ	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301.						
302		ļ				
303.		ļ				
398. Summary of remaining write-ins for Line 13 from overflow	٥		_	_		
page		J	J			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	U	0	0	0		

	0	rdinary		edit Life Ind Individual)	(Group	roup Inc			Total	
	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31,	0	0			0	0	0		0	0	
prior year17. Incurred during current		0	[υ	0	0	0	0	0		0	
year Settled during current year:									U		
18.1 By payment in full									0	0	
18.2 By payment on compromised claims									0	0	
18.3 Totals paid 18.4 Reduction by		0	J0	0	0	l0	0	0	۵	0	
compromise									0	0	
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	υ 	0	0	0	0	0	0	0	
18.6)	0	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies						
prior year21. Issued during year	0	0	0	0	0	0	0	0	۵	0	
22. Other changes to in force									0	0	
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0	
(a) Includes Individual Credit L Includes Group Credit Life Loans greater than 60 mon	Insurance: I	oans less than o	r equal to 60		prior year \$		cur	rent year \$			

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND IIL	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:		1			
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.4 Other accident only		2,678,806	0	2,674,461	2,674,461
25.6 Totals (sum of Lines 25.1 to 25.5)		2,678,806	0	2,674,461	2,674,461
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	2.678.806	2.678.806	1 0	2.674.461	2.674.461



DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2017

Group Code 01260	LIFE	INSURANCI		NAIC Company C	ode 18750	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Life insurance						
Deposit-type contract funds		XXX		XXX		
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		l i				
10. Matured endowments						
11. Annuity benefits						
40 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	<u>0</u>	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
01						
02.						
00						
98. Summary of remaining write-ins for Line 13 from overflow						
page	0	L0 L	0 l	0 L		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

				edit Life						
		dinary		nd Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	(
year Settled during current									0	(
year: 18.1 By payment in full 18.2 By payment on									0	(
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	
18.5 Amount rejected	0	0	0	0	0	0	0	0	0 0 0	
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year	0	0	0	0	0	0	0	0	0 0	
	0			(a)	NI			0	0	

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIH INSU	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					l
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
20.0 Non renewable for stated reasons only (b)(b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	1 0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2017

NAIC (Group Code 01260	LIFE	INSURANC	NAIC Company Code 18750		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group	3 Croup	4 Industrial	5 Total
1	Life insurance	Orumary	and Individual)	Group	inuusinai	10tai
1						 0
	,				ууу	
	Other considerations		ΑΛΛ			 N
	Totals (Sum of Lines 1 to 4)	n	0	0	0	 N
<u></u> − 0.	DIRECT DIVIDENDS TO POLICYHOLDERS		O I			
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
						 0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period					0
	6.4 Other					0
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
						0
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	[0 [.	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
						0
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0 .	0		0
	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow	^		_	_	^
1200	page	0	U	0	h	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	U	0	0 [0 [U

	0	rdinary		edit Life Ind Individual)	(Group	roup Inc			Total	
	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31,	0	0			0	0	0		0	0	
prior year17. Incurred during current		0	[υ	0	0	0	0	0		0	
year Settled during current year:									U		
18.1 By payment in full									0	0	
18.2 By payment on compromised claims									0	0	
18.3 Totals paid 18.4 Reduction by		0	J0	0	0	l0	0	0	۵	0	
compromise									0	0	
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	υ 	0	0	0	0	0	0	0	
18.6)	0	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies						
prior year21. Issued during year	0	0	0	0	0	0	0	0	۵	0	
22. Other changes to in force									0	0	
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0	
(a) Includes Individual Credit L Includes Group Credit Life Loans greater than 60 mon	Insurance: I	oans less than o	r equal to 60		prior year \$		cur	rent year \$			

.... current year \$ ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIH INS	DRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)	4,139,801	4,139,801		3,387,518	3,387,518
25.6 Totals (sum of Lines 25.1 to 25.5)	4,139,801	4,139,801	0	3,387,518	3,387,518
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4.139.801	4.139.801	1 0	3.387.518	3.387.518



DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2017

Group Code 01260	LIFE	NAIC Company C	ode 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Life insurance		····				
		VVV		XXX		
3. Deposit-type contract funds						
	Λ					
5. Totals (Sum of Lines 1 to 4)	U	U	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums		·				
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 ļ	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits						
10. Matured endowments						
11. Annuity benefits						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS					·	
01						
02.		 				
03.						
98. Summary of remaining write-ins for Line 13 from overflow						
pagé	0		0	D		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		edit Life Ind Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	0	0			0	0	0		0	0
prior year17. Incurred during current		0	[υ	0	0	0	0	0		0
year Settled during current year:									U	
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by		0	J0	0	0	l0	0	0	۵	0
compromise									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	υ 	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies					
prior year21. Issued during year	0	0	0	0	0	0	0	0	۵	0
22. Other changes to in force									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0
(a) Includes Individual Credit L Includes Group Credit Life Loans greater than 60 mon	Insurance: I	oans less than o	r equal to 60		prior year \$		cur	rent year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	DRANCE		
	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Utilet individual Policies.					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)	1,928,674	1,928,674		2,199,466	2,199,466
25.6 Totals (sum of Lines 25.1 to 25.5)	1,928,674	1,928,674	0	2,199,466	2,199,466
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1.928.674	1.928.674	1 0	2.199.466	2.199.466



DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2017

C Group Code 01260		INSURANC		NAIC Company C	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance		and individual)	Огоир	IIIddottidi	Total
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHO	IDERS	, i			
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or sh					
endowment or premium paying period		<u> </u>			
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.1 Paid in cash or left on deposit					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS	PAID				
Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life con					
13. Aggregate write-ins for miscellaneous direct of	claims and				
benefits paid		ļ0 ļ		0	
14. All other benefits, except accident and health					
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
301		ļ			
302					
303.					
398. Summary of remaining write-ins for Line 13 fr	om overnow		0	_	
page 399. Total (Lines 1301 through 1303 + 1398) (Line	12 shave)	\ldot	n	n	
599. TOTAL (LINES 1301 THOUGH 1303 + 1398) (LINE	: 13 above) 0	U	0		

	Oı	rdinary		edit Life nd Individual)	(Group	Inc	dustrial	-	Γotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims									0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0 0	
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31,	0	0		(a)	No. of Policies	0	U	0	0	
prior year	0	0	0	0	0	0	0	0	0	
23. In force December 31 of current year	0	0	0	(a) (0	0	0	0	
 a) Includes Individual Credit Life Includes Group Credit Life I Loans greater than 60 months 	nsurance: L	oans less than o	r equal to 60 TER THAN 1	months at issue, 20 MONTHS, price				,		

ACCIDENT AND HEALTH INSURANCE

ACCIDE		.AL	DIVAILOR		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products ... and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2017

Group Code 01260	1	INSURANCI	3	NAIC Company C	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
Life insurance					
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:		l i			
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and	_			.	
benefits paid	0	J0 J	0	0	
14. All other benefits, except accident and health					
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
301.					
302.					
303					
398. Summary of remaining write-ins for Line 13 from overflow	•			_	
page	0		j	Ď	
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

O	rdinary	(Group a	nd Individual)	(Group	In	dustrial		Total
1	2	3	4	5	6	7	8	9	10
No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
0	0	0	0	0	0	0	0	0	0
								0	0
								0	0
									0
						0	0	0	0
	ļ			0			ļ	0	0
								0	
0	0	0	0	0	0	0	0	0	0
				No. of Policies					
0	0	0	(a) 0	0	0	0	0	0	0
								0	0
0	0	0	(a)	0	0	0	0		
	1 No	No. Amount	Ordinary (Group a street of street o	1 2 3 4 No. of Ind. Pols. & Amount Gr. Certifs. Amount	Ordinary (Group and Individual) 0 1 2 3 No. of Ind. Pols. & Amount No. of Certifs. No. Amount Gr. Certifs. Amount Certifs.	No. of N	Ordinary (Group and Individual) Group In 1 2 3 No. of Ind. Pols. & No. of Ind. Pols. & Amount No. of Certifs. Amount No. of Certifs. No. Amount Gr. Certifs. Amount No. of Certifs. Amount No. of Certifs.	No. of Ind. Pols. No.	Cordinary Cord

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Direct Premiums Earned Business Direct Losses Paid Incurrect		1	2	3 Dividenda Daid an	4	5
Other Individual Policies. 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 25.5 All other (b) 27.6 Totals (sum of Lines 25.1 to 25.5) 27.7 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 28.6 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 29.7 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 29.8 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 29.9 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 20.9 Totals (Lines 24 +			Earned	Credited On Direct Business		Direct Losses Incurred
Other individual Policies. 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only. 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 27.6 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 28.7 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 29.8 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 29.9 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 29.9 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 29.9 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 20.9 Totals (24. Group policies (b)					
Other individual Policies. 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only. 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 27.6 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 28.7 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 29.8 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 29.9 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 29.9 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 29.9 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 20.9 Totals (24.1 Federal Employees Health Benefits Plan premium (b)					
5.1 Non-cancelable (b)	4.2 Credit (Group and Individual)					
St. 1 Non-cancelable (b)	4.3 Collectively renewable policies (b)					
15.6 Totals (sum of Lines 25.1 to 25.5) 1,284,124 1,284,124 0 1,521,271 1,522,271 1,522 1,522 1,						
25.6 Totals (sum of Lines 25.1 to 25.5) 1,224,124 1,224,124 0 1,521,271 1,522 1,522 1,522	25.1 Non-cancelable (b)					
15.6 Totals (sum of Lines 25.1 to 25.5) 1,284,124 1,284,124 0 1,521,271 1,522,271 1,522 1,522 1,	25.2 Guaranteed renewable (b)					
15.6 Totals (sum of Lines 25.1 to 25.5) 1,204,124 1,204,124 0 1,321,271 1,522 1,522 1,522 1,522 1,522	5.3 Non-renewable for stated reasons only (b)					
5.6 Totals (sum of Lines 25.1 to 25.5) 1,204,124 1,204,124 0 1,321,271 1,52 6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 1,284,124 1,284,124 0 1,521,271 1,52	5.4 Other accident only					
15.6 Totals (sum of Lines 25.1 to 25.5) 1,204,124 1,204,124 0 1,321,271 1,522 1,522 1,522 1,522 1,522	5.5 All other (b)		1,284,124		1,521,271	1,521,271
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 1,284,124 1,284,124 0 1,521,271 1,52	25.6 Totals (sum of Lines 25.1 to 25.5)		1,284,124	0	1,521,271	1,521,271
(h) For health husiness on indicated lines report: Number of parsons insured under DDO managed care products.	26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,284,124	1,284,124	0	1,521,271	1,521,271
(b) For health business on indicated lines report. Number of persons insured under PPO managed care products	(b) For health business on indicated lines report: Number of per	sons insured under PPC	managed care produ	cts	and number of per	sons insured under



DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2017

NAIC C	Group Code 01260	LIFE	INSURANC	E	NAIC Company C	ode 18750
		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group	_		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
	Annuity considerations					
	Deposit-type contract funds		XXX		XXX	
	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period					
	6.4 Other					
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	J0 J	0	0	
	Annuities:					
	7.1 Paid in cash or left on deposit					(
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (sum of Lines 7.1 to 7.3)			0		(
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					(
10.	Matured endowments					(
	Annuity benefits					(
12.	Surrender values and withdrawals for life contracts					(
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	J0 J	0	0	(
14.	All other benefits, except accident and health					(
15.	Totals	0	0	0	0	(
	DETAILS OF WRITE-INS	·				
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow					
	page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	1 0 1	0.1	0 1	0

				edit Life						
		dinary		nd Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	(
year Settled during current									0	(
year: 18.1 By payment in full 18.2 By payment on									0	(
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	
18.5 Amount rejected	0	0	0	0	0	0	0	0	0 0 0	
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year	0	0	0	0	0	0	0	0	0 0	
	0			(a)	NI			0	0	

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINS	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b). 24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		0	0	0	<u>[</u> 0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1 0	0	0	l 0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2017

AIC Gro	up Code 01260	LIFE	INSURANCI	E	NAIC Company C	ode 18750
AIC GIO	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1. Lit	fe insurance					
2. Ar						
3. De	eposit-type contract funds		[L		XXX	
4. Of	ther considerations					
5. To	otals (Sum of Lines 1 to 4)	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Lit	fe insurance:					
6.	1 Paid in cash or left on deposit					
6.	2 Applied to pay renewal premiums					
6.	3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period					
6.	4 Other					
6.	5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0	
Α	innuities:					
7.	1 Paid in cash or left on deposit					
7.:	2 Applied to provide paid-up annuities					
7.	3 Other					
7.	4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0	
8. G	rand Totals (Lines 6.5 + 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
9. De	eath benefits					
10. M	atured endowments					
11. Ar	nnuity benefits					
12. St	urrender values and withdrawals for life contracts					
13. Ag	ggregate write-ins for miscellaneous direct claims and					
be	enefits paid	0	L0 L	0	0	
14. Al	I other benefits, except accident and health					
15. To		0	0	0	0	
DI	ETAILS OF WRITE-INS					
301						
302						
303						
398. St	ummary of remaining write-ins for Line 13 from overflow					
	page	0	[0	0	0	
399. To	otal (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0		0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31, prior year		0	0	(a) 0	No. of Policies	0	0	0	0	0
23. In force December 31 of current year (a) Includes Individual Credit I	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		Direct Premiums	Dividends Paid or Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Codif (Coursed Ledicidus).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	•				
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	•				
25.2 Guaranteed renewable (b)	~				
25.4 Other accident only					
25.4 Other accident only	706,309	706,309		742,433	742,433
25.6 Totals (sum of Lines 25.1 to 25.5)	706,309	706,309	ļ0	742,433	742,433
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	706,309	706,309	0	742,433	742,433



DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2017

Group Code 01260	LIFE	INSURANCI		NAIC Company C	ode 18750	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Life insurance		····				
2. Annuity considerations		VVV		XXX		
Deposit-type contract funds		XXX				
		l				
5. Totals (Sum of Lines 1 to 4)	U	U	0	U		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
Matured endowments						
Annuity benefits						
Surrender values and withdrawals for life contracts						
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
All other benefits, except accident and health						
5. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
1						
2						
)3						
98. Summary of remaining write-ins for Line 13 from overflow						
page	0		0	Q		
9. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	Oı	rdinary		edit Life Ind Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	L0
18.3 Totals paid	0	0	J0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	L0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-	0								_	
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	۵	0	0	0		0	ا ۵	0
21. Issued during year									0	0
22. Other changes to in force										
(Net)									0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e prior year \$		CIII	rrent vear \$	·		·		·

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24. Group policies (b)					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	842,826	842,826		701,024	701,024
25.6 Totals (sum of Lines 25.1 to 25.5)		042,020	JU	101,024	701,024
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	842,826	842,826	0	701,024	701,024
(b) For health business on indicated lines report: Number of pe	rsons insured under PPC	managed care produ	cts	and number of per	sons insured under
indemnity only products		- '		•	



DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2017

C Group Code 01260	LIFE	INSURANC	<u> </u>	NAIC Company Code 18750		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Life insurance		····				
		VVV		XXX		
Deposit-type contract funds		······································				
5. Totals (Sum of Lines 1 to 4)	0	U	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance: 6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the		····				
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit		l				
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)		L0 L	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	ļ0 ļ	0	0		
14. All other benefits, except accident and health		ļ <u>.</u>				
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
01						
02.						
303.						
98. Summary of remaining write-ins for Line 13 from overflow	^		_	_		
page	U	<u> </u>	V	j }		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		edit Life Ind Individual)	(Group	In	dustrial	Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	0	0			0	0	0		0	0
prior year17. Incurred during current		0	[υ	0	0	0	0	0		0
year Settled during current year:									U	
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by		0	J0	0	0	l0	0	0	۵	0
compromise									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	υ 	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies					
prior year21. Issued during year	0	0	0	0	0	0	0	0	۵	0
22. Other changes to in force									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0
(a) Includes Individual Credit L Includes Group Credit Life Loans greater than 60 mon	Insurance: I	oans less than o	r equal to 60		prior year \$		cur	rent year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	IN I AND HE	ALIHINS	UNANCE		
	1	2	3 Dividends Paid or	4	5
		B:			B
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)					
25.4 Other accident only					
25.5 All other (b)	3,446,655	3,446,655		3,787,621	3,787,621
25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)	3,446,655	3,446,655	0	3,787,621	3,787,621
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3.446.655	3.446.655	0	3.787.621	3.787.621



DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2017

C Group Code 01260		INSURANC		NAIC Company Code 18750			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total		
Life insurance		and marviduar)	Огоир	maddilai	rotai		
Annuity considerations							
Deposit-type contract funds		ХХХ		XXX			
Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS	- v	, i					
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
12. Surrender values and withdrawals for life contracts							
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	J0 J	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
01							
02							
03							
98. Summary of remaining write-ins for Line 13 from overflow							
page	0		0	0			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

				edit Life						
		dinary		nd Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	(
year Settled during current									0	(
year: 18.1 By payment in full 18.2 By payment on									0	(
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	
18.5 Amount rejected	0	0	0	0	0	0	0	0	0 0 0	
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year	0	0	0	0	0	0	0	0	0 0	
	0			(a)	NI			0	0	

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	II AND HE	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)					
20.1 Othor dooldon only					
25.5 All other (b)					
25.5 All other (b)	0	0]0	0	0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	1 0	1 0	0	1 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2017

AIC Group Code 01260	LIFE	NAIC Company Code 18750			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance	oraniary	and manradary	0.000	aaat.iai	
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS	•	•	-		
Life insurance:					
6.1 Paid in cash or left on deposit					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	l0 l	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)		L0 L	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	J0 J	0	0	
14. All other benefits, except accident and health					
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
301					
302.					
303.					
398. Summary of remaining write-ins for Line 13 from overflow	0				
page	0	lÖ	Ď þ	ğ	
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		edit Life Ind Individual)	,	Group	Inc	dustrial		Total
	1	2	3	1	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										0
year Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims .									0	0
18.4 Reduction by		0	[Ω	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	٥	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$.. current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	UNANCE		
	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.4 Other accident only	738,930	738,930		907 , 017	907,017
25.6 Totals (sum of Lines 25.1 to 25.5)	738,930	738,930	0	907 , 017	907,017
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	738.930	738.930	1 0	907.017	907.017



DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2017

C Group Code 01260		INSURANCI		NAIC Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance							
Deposit-type contract funds		XXX		XXX			
· · · · · · · · · · · · · · · · · · ·							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 ļ	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits		l					
10. Matured endowments		l					
11. Annuity benefits		l					
40 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<u> </u>			
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	L0 L	0	0			
14. All other benefits, except accident and health		<u> </u>					
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
01							
03.							
98. Summary of remaining write-ins for Line 13 from overflow							
page	0	L0 L	0 L	0 L			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	n I			

	0	rdinary		edit Life Ind Individual)	,	Group	Inc	dustrial		Total
	1	2	3	1	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										0
year Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims .									0	0
18.4 Reduction by		0	[Ω	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	٥	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		Discussions of	Dividends Paid or		D'
	Direct Premiume	Direct Premiums	Credited On Direct	Direct Losses Paid	Direct Losses
	Direct Premiums	Earned	Business		Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)					
25.4 Other accident only					
25.5 All other (b)	3,913,017	3,913,017		4 ,477 ,966	4 ,477 ,966
25.4 Other accident only	3,913,017	3,913,017	0	4 , 477 , 966	4 , 477 , 966
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,913,017	3,913,017	0	4,477,966	4,477,966



DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2017

C Group Code 01260	LIFE	INSURANC		NAIC Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1. Life insurance		····					
		VVV		XXX			
Deposit-type contract funds		ł					
	Λ						
5. Totals (Sum of Lines 1 to 4)	U	U	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums		 					
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)		L0 L	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
12. Surrender values and withdrawals for life contracts							
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	0	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS					·		
301							
02		 					
03							
198. Summary of remaining write-ins for Line 13 from overflow							
page	0	J	0	0			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0		0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31, prior year		0	0	(a) 0	No. of Policies	0	0	0	0	0
23. In force December 31 of current year (a) Includes Individual Credit I	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDL	INI AND HE	ALIIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)					
25.4 Other accident only					
25.4 Other accident only	2,644,900	2,644,900		3,183,019	3,183,019
25.6 Totals (sum of Lines 25.1 to 25.5)	2,644,900	2,644,900	J0	3,183,019	3,183,019
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	2.644.900	2.644.900	1 0	3.183.019	I 3.183.019

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF lowa

DURING THE YEAR 2017

	iowa			_	DONING THE TE	/((
IAIC (Group Code 01260	LIFE	INSURANC	E	NAIC Company Code 18750		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
	Life insurance						
2.	Annuity considerations						
3.	Deposit-type contract funds		XXX		XXX		
4.	Other considerations						
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0		
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit						
	6.2 Applied to pay renewal premiums						
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium paying period						
	6.4 Other		l				
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0		
	Annuities:						
	7.1 Paid in cash or left on deposit			<u> </u>			
	7.2 Applied to provide paid-up annuities						
	7.3 Other						
	7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0		
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID	•	1	-	· ·		
9	Death benefits						
	Matured endowments						
	Annuity benefits						
	Surrender values and withdrawals for life contracts.						
	Aggregate write-ins for miscellaneous direct claims and						
10.	benefits paid	0	0	0	0		
14	All other benefits, except accident and health			······································			
	Totals	n	0	0	n		
	DETAILS OF WRITE-INS	0	 	<u> </u>			
301	DETAILS OF WRITE-INS						
	Summary of remaining write-ins for Line 13 from overflow						
J90.		0	ا _م ا	n	n		
300	page		\range	0	h		
<u> </u>	Total (Lines 1301 tillough 1303 + 1396) (Line 13 above)	U	0	0	U		

	0	rdinary		edit Life Ind Individual)	,	Group	Inc	dustrial		Total
	1	2	3	1	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										0
year Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims .									0	0
18.4 Reduction by		0	[Ω	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	٥	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.4 Other accident only	2,513,881	2,513,881		2 ,723 ,536	2,723,536
25.6 Totals (sum of Lines 25.1 to 25.5)	2,513,881	2,513,881]0	2,723,536	2,723,536
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	2.513.881	2.513.881	1 0	2.723.536	l 2.723.536



DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2017

C Group Code 01260	LIFE	INSURANC		NAIC Company Code 18750			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total		
Life insurance		and individual)	Gloup	IIIuustiiai	Total		
Annuity considerations		····					
Deposit-type contract funds		XXX		УУУ			
Other considerations							
5. Totals (Sum of Lines 1 to 4)		0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS		· ·	•	0			
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.1 Paid in cash or left on deposit							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)			0 L	0 L			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
Death benefits	L	l					
10. Matured endowments							
11. Annuity benefits							
12. Surrender values and withdrawals for life contracts							
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid		J0 J	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
01							
02							
03							
98. Summary of remaining write-ins for Line 13 from overflow							
page	ļ	0					
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	0.	rdinary		edit Life nd Individual)	,	Group	Inc	dustrial		Total
l -	1	2	(Group a	iiu iiiuiviuuai)	5	6 6	7	8	9	10
DIRECT DEATH	'	2	No. of	4	ຽ	"	'		9	10
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			& &		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	110.	Autount	Or. Ocraio.	Autount	OCITIIS.	7 tilloditt	140.	7 tillount	140.	741104110
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									L0	L0
Settled during current										
year:										
18.1 By payment in full			[0	0
18.2 By payment on										
compromised claims .									0	0
	0	0	0	0	0	0	0	0	۵	0
18.4 Reduction by										
									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0		0	
18.6)	0	0	U	0	No. of	U	0	U	0	U
POLICY EXHIBIT					Policies					
20. In force December 31,				(-)	Policies					
prior year	0	0	ا ا	(a)	0	ا ۱	٥	١	١ .	١
		0		0		0		0		
22. Other changes to in force										⁰
									n	0
23. In force December 31				(a)						
of current year	0	0	0			0	0	0	0	0
(a) Includes Individual Credit Li	ife Insurance	e: prior year \$		V.	rre t yea					
Includes Group Credit Life I	Insurance: L	oans less than o	r equal to 60	months at issue,	prior year \$		curi	rent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	ΓER THAN 1	20 MONTHS, pric			current	year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND IIL	ALIII III SI	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.1 Non-cancelable (b)					
25.5 All other (b)					
25.5 All other (b)	0	0]0	0	<u> </u> 0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	0	1 0	0	1 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2017

C Group Code 01260	<u> </u>	INSURANCI		NAIC Company Code 18750			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total		
Life insurance							
Annuity considerations							
Deposit-type contract funds		XXX		XXX			
4							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
12. Surrender values and withdrawals for life contracts							
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	L0 L	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
301							
302.							
303.							
398. Summary of remaining write-ins for Line 13 from overflow							
page	0	[0 [0	Q 			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	0.	rdinary		edit Life Ind Individual)		Group	- In	dustrial		Total
		2	3 (Group a	ina inaiviauai)		6 6	7			10tai
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	Amount	No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,							-			
prior year	0	0	0	0	0	0	0	0	0	(
17. Incurred during current year									0	(
Settled during current year: 18.1 By payment in full									0	(
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	(
18.4 Reduction by compromise									0 0	(
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	(
18.6)	0	0	0	0	0	0	0	0	0	(
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year		0	0	0	Ω	0	0	0	0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	(
(a) Includes Individual Credit Li Includes Group Credit Life I Loans greater than 60 mont	nsurance: L	oans less than o	r equal to 60	months at issue,				rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIH INSU	JIANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:		1			
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	2,197,750	2, 197, 750		2,267,080	2,267,080
25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)	2,197,750	2,197,750	0	2,267,080	2,267,080
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2.197.750	2.197.750	0	2.267.080	2.267.080



DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2017

C Group Code 01260	LIFE	INSURANC		NAIC Company Code 18750		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Life insurance		·····				
		vvv		XXX		
Deposit-type contract funds						
	Λ	·····				
5. Totals (Sum of Lines 1 to 4)	U	U	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums		ļ				
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	J0 J	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS					·	
301						
02		ļ				
03						
198. Summary of remaining write-ins for Line 13 from overflow						
pagé	0	J0 J	0	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0		0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31, prior year		0	0	(a) 0	No. of Policies	0	0	0	0	0
23. In force December 31 of current year (a) Includes Individual Credit I	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed whole (b)					
25.4 Other accident only					
25.5 All other (b)	1,822,019	1 ,822 ,019		688,772	688,772
25.6 Totals (sum of Lines 25.1 to 25.5)	1,822,019	1,822,019	0	688,772	688,772
25.4 Other accident only	1,822,019	1,822,019	0	688,772	688,772



DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2017

NAIC (Group Code 01260	LIFE	INSURANC	E	NAIC Company Code 18750		
		1	2	3	4	5	
	DIRECT PREMIUMS		Credit Life (Group				
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
	Life insurance					0	
	,					0	
	= -p		XXX		XXX	0	
	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0	
						0	
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0	
•	6.4 Other					U	
		U	ا الا	J.			
	Annuities:					٥	
	7.1 Paid in cash or left on deposit					 N	
	7.3 Other					 0	
	7.4 Totals (sum of Lines 7.1 to 7.3)		n	····	n	 1	
R	Grand Totals (Lines 6.5 + 7.4)	 N	n l	n I	n l	 N	
<u> </u>	DIRECT CLAIMS AND BENEFITS PAID	<u> </u>	0	0	•	<u> </u>	
a	Death benefits					0	
	Matured endowments					0	
						0	
						0	
	Aggregate write-ins for miscellaneous direct claims and						
	benefits paid	0	[0 <u>[</u>	0	0	0	
14.						0	
15.	Totals	0	0	0	0	0	
_	DETAILS OF WRITE-INS						
1302.							
1303.							
1398.	Summary of remaining write-ins for Line 13 from overflow						
		0	<u>0</u>	j	j	0	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0	

	0	rdinary		edit Life Ind Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	0	0			0	0	0		0	0
prior year17. Incurred during current		0	[υ	0	0	0	0	0		0
year Settled during current year:									U	
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by		0	J0	0	0	l0	0	0	۵	0
compromise									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	υ 	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies					
prior year21. Issued during year	0	0	0	0	0	0	0	0	۵	0
22. Other changes to in force									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0
(a) Includes Individual Credit L Includes Group Credit Life Loans greater than 60 mon	Insurance: I	oans less than o	r equal to 60		prior year \$		cur	rent year \$		

.... current year \$

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
Group policies (b) Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,053,881	1,053,881		1,021,571	1,021,57
25.1 Non-cancelable (b)		1,053,881	0	1,021,571	1,021,57
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,053,881	1,053,881	0 cts	1,021,571	1,021,57



DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2017

C Group Code 01260		INSURANCI		NAIC Company Code 18750			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total		
Life insurance							
Deposit-type contract funds		XXX		XXX			
4. Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
Death benefits							
10. Matured endowments							
11. Annuity benefits							
12. Surrender values and withdrawals for life contracts							
Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	0	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
301							
303							
398. Summary of remaining write-ins for Line 13 from overflow				.			
pagé	0	0	0	0			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0		0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31, prior year		0	0	(a) 0	No. of Policies	0	0	0	0	0
23. In force December 31 of current year (a) Includes Individual Credit I	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	II AND HE	ALIIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			l		l
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only.					
25.4 Other accident only					
25.4 Other accident only	4,774,304	4,774,304		4,366,287	4,366,287
25.6 Totals (sum of Lines 25.1 to 25.5)	4,774,304	4,774,304	0	4,366,287	4,366,287
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	4.774.304	4.774.304	0	4.366.287	4.366.287



DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2017

C Group Code 01260	LIFE INSURANCE NAIC Company Code						
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance							
Deposit-type contract funds		XXX		XXX			
4. Other considerations		ļ <u>-</u>					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	 0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
Aggregate write-ins for miscellaneous direct claims and	_			.			
benefits paid	0	J0 J	0	0			
4. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
01							
2							
98. Summary of remaining write-ins for Line 13 from overflow							
pagé	0	0	0	0			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

				edit Life						
		dinary		nd Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	(
year Settled during current									0	(
year: 18.1 By payment in full 18.2 By payment on									0	(
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	
18.5 Amount rejected	0	0	0	0	0	0	0	0	0 0 0	
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year	0	0	0	0	0	0	0	0	0 0	
	0			(a)	NI			0	0	

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINS	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b). 24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		0	0	0	<u>[</u> 0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1 0	0	0	l 0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2017

C Group Code 01260	LIFE	INSURANC		NAIC Company Code 18750		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Life insurance		 				
		VVV		XXX		
3. Deposit-type contract funds		······································				
			0			
5. Totals (Sum of Lines 1 to 4)	U	U	0	U		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period		····				
6.4 Other	Λ	·····				
	U	^U	u	J		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		·····				
		u				
8. Grand Totals (Lines 6.5 + 7.4) DIRECT CLAIMS AND BENEFITS PAID	U	U	0	U		
9. Death benefits		·····				
10. Matured endowments						
Annuity benefits		i i				
		····				
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	٥	ا ۱	0	0		
14. All other benefits, except accident and health		l l				
15. Totals	Λ	·····	n	n		
DETAILS OF WRITE-INS	U	U	0	- U		
DETAILS OF WRITE-INS						
102.						
803						
beo. Summary of remaining write-ins for Line 13 from overflow	0		0	0		
pagé		\n				
33. 10tal (Lines 1301 tillough 1303 + 1390) (Line 13 above)	U	U	0	0		

	0	rdinary		edit Life Ind Individual)	(Group	In	dustrial	Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	0	0			0	0	0		0	0
prior year17. Incurred during current		0	[υ	0	0	0	0	0		0
year Settled during current year:									U	
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by		0	J0	0	0	l0	0	0	۵	0
compromise									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	υ 	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies					
prior year21. Issued during year	0	0	0	0	0	0	0	0	۵	0
22. Other changes to in force									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0
(a) Includes Individual Credit L Includes Group Credit Life Loans greater than 60 mon	Insurance: I	oans less than o	r equal to 60		prior year \$		cur	rent year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	IN I AND HE	AL 111 11130	JIVANOL		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Orean (Group and marviadar)					
24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
 25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 	4,282,523	4,282,523		4 ,522 ,707	4,522,707
25.6 Totals (sum of Lines 25.1 to 25.5)	4,282,523	4,282,523	0	4 ,522 ,707	4,522,707
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	4 282 523	4 282 523	1 0	4 522 707	4 522 707

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products ... and number of persons insured under



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2017

NAIC (Group Code 01260	LIFE	INSURANC	CE	NAIC Company	Code 18750
	DIDECT DEFINING	1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance					0
2.	Annuity considerations					0
	Deposit-type contract funds		JXXX		XXX	O
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit	0	0	0	0	0 0 0
	7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3)			0	0	0
8.	Grand Totals (Lines 6.5 + 7.4) DIRECT CLAIMS AND BENEFITS PAID	U	U	U	U	U
10.	Death benefits		1			0
	Surrender values and withdrawals for life contracts					
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health		0			U
15.	Totals DETAILS OF WRITE-INS	U	U	U	U	U
1301	DETAILS OF WRITE-INS					
1301.						
1302.						
1398.	Summary of remaining write-ins for Line 13 from overflow	0	0	0	0	0
1399.	10tal (Lines 1301 tillough 1303 + 1330) (Line 13 above)	1 0	U	0	U	U

	0	rdinary		edit Life Ind Individual)	,	Group	Inc	dustrial		Total
	1	2	3	1	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										0
year Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims .									0	0
18.4 Reduction by		0	[Ω	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	٥	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		Direct Premiums	Dividends Paid or Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)					
25.4 Other accident only					
25.4 Other accident only	1,296,094	1,296,094		1,448,281	1,448,281
25.6 Totals (sum of Lines 25.1 to 25.5)	1,296,094	1,296,094	0	1,448,281	1,448,281
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,296,094	1,296,094	0	1,448,281	1,448,281



DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2017

	1	2	3	NAIC Company Code	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	5 Total
Life insurance					
Annuity considerations					
Deposit-type contract funds		LXXX		XXX	
Other considerations		L			
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:		l l			
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	n	n	n	
Annuities:				l	
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up armulities					
7.5 Other		· · · · · · · · · · · · · · · · · · ·			
7.4 Totals (sum of Lines 7.1 to 7.3)		- 	h	<u>0</u>	
8. Grand Totals (Lines 6.5 + 7.4)	U	U	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and	_				
benefits paid	0	ļ0 ļ	0	0	
14. All other benefits, except accident and health		ļļ			
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
01					
02.					
03		[
98. Summary of remaining write-ins for Line 13 from overflow					
page	0	L0 L	0	0	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0 [

	Oı	rdinary		edit Life Ind Individual)	(Group	Inc	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid 18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected 18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year21. Issued during year	0	0	0	0	0	0	0	0	0 0	0
			R	(a)	_				0	0
of current year (a) Includes Individual Credit L	0 ife Insurance	0 e: prior year \$	0		rre t years	0	0	0	0	0
Includes Group Credit Life Loans greater than 60 mon	Insurance: L	oans less than o	r equal to 60	months at issue,	pnor year \$			rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE		.AL	DIVAILOR		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products ... and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2017

C Group Code 01260		INSURANCI		NAIC Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance							
Deposit-type contract funds		XXX		XXX			
· · · · · · · · · · · · · · · · · · ·							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
12. Surrender values and withdrawals for life contracts							
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	ļ0 	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
01							
02							
03							
98. Summary of remaining write-ins for Line 13 from overflow							
page	0	ļ0 	0				
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	0	rdinary		edit Life Ind Individual)	,	Group	Inc	dustrial		Total
	1	2	3	1	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										0
year Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims .									0	0
18.4 Reduction by		0	[Ω	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	٥	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		B' I B	Dividends Paid or		D'(1)
	Disa et Deservices	Direct Premiums	Credited On Direct	Discott conser Daid	Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
1 24.2 Credit (Group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.4 Other accident only	2,354,505	2,354,505		2,513,485	2,513,485
25.6 Totals (sum of Lines 25.1 to 25.5)	2,354,505	2,354,505	0	2,513,485	2,513,485
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,354,505	2,354,505	0	2,513,485	2,513,485



DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2017

Group Code 01260		INSURANC	<u> </u>	NAIC Company Code 18750		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Life insurance		·····				
		vvv		XXX		
3. Deposit-type contract funds		ł				
	Λ	·····				
5. Totals (Sum of Lines 1 to 4)	U	U	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums		ļ				
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 ļ	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	J0 J	0	0		
14. All other benefits, except accident and health		ļ				
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS					·	
01						
302.		ļ				
03						
198. Summary of remaining write-ins for Line 13 from overflow						
pagé	0	J0 J	0	0		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	Oı	rdinary		edit Life Ind Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	L0
18.3 Totals paid	0	0	J0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	L0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-	0								_	
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	۵	0	0	0		0	ا ۵	0
21. Issued during year									0	0
22. Other changes to in force										
(Net)									0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e prior year \$		CIII	rrent vear \$	·		·		·

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND IIL	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:		1	1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)					
25.4 Other accident only					
25.4 Other accident only		529,461		573,857	573,857
25.6 Totals (sum of Lines 25.1 to 25.5)		529,461	0	573,857	573,857
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	529.461	529.461	1 0	573.857	l 573.857

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2017

C Group Code 01260		INSURANCI		NAIC Company C	any Code 18750		
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total		
Life insurance							
Annuity considerations							
Deposit-type contract funds		XXX		XXX			
Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	D	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
Death benefits							
10. Matured endowments							
11. Annuity benefits							
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	 0		0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
301							
898. Summary of remaining write-ins for Line 13 from overflow							
page	<u>0</u>	0	0	Q			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0 1			

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0		0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31, prior year		0	0	(a) 0	No. of Policies	0	0	0	0	0
23. In force December 31 of current year (a) Includes Individual Credit I	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIH INS	JIMANUE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)					
25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)					
25.5 All other (b)	1,860,996	1,860,996		2, 186, 587	2, 186, 587
25.6 Totals (sum of Lines 25.1 to 25.5)	1,860,996	1,860,996]0	2, 186, 587	2, 186, 587
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1.860.996	1.860.996	1 0	2.186.587	2.186.587



DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2017

C Group Code 01260				NAIC Company C		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance						
Annuity considerations						
Deposit-type contract funds		XXX		XXX		
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	D	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	ļ0 ļ		0		
14. All other benefits, except accident and health		ļ				
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
01						
03						
98. Summary of remaining write-ins for Line 13 from overflow	•			_		
pagé	0	J	0	D		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

			Cre	edit Life						
	Oı	rdinary	(Group a	nd Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.							
ENDOWMENTS			111u. Fois.		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year		0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									D	0
Settled during current										
year: 18.1 By payment in full									n	١
18.2 By payment on									 	0
compromised claims .									0	0
18.3 Totals paid	0	0	0	0			0	0	0	0
18.4 Reduction by										
compromise									٥	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-					_					
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)	· Olloica					
prior year	0	0	0	0	n	0	0	0	n	0
21. Issued during year										<u>0</u>
22. Other changes to in force										
(Net)									٥	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
a) Includes Individual Credit I	ifa Inguranas	u prior voor C			rent vear \$					

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividenda Baid an	4	5
		Direct Premiums	Dividends Paid or Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)	~				
25.4 Other accident only	•				
25.5 All other (b)	822, 115	822,115		963 , 148	963 , 148
25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)	822,115	822,115	0	963 , 148	963 , 148
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	822,115	822,115	0	963,148	963,148



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2017

IAIC G	roup Code 01260	LIFE	NAIC Company Code 18750			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
	Other considerations					
	Totals (Sum of Lines 1 to 4)	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period 6.4 Other 6.5 Totals (sum of Lines 6.1 to 6.4) Annuities:			0	0	
	7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 + 7.4)			0	0	
_	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits		····			
	Matured endowments					
	Annuity benefits					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	
	All other benefits, except accident and health	Λ		·····		
	Totals DETAILS OF WRITE-INS	U	0	0	0	
	DETAILS OF WRITE-INS					
398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		edit Life Ind Individual)	,	Group	Inc	dustrial		Total
	1	2	3	1	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										0
year Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims .									0	0
18.4 Reduction by		0	[Ω	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	٥	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$.. current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	II AND HE	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:		1			
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.4 Other accident only	245,342	245,342		284,314	284,314
25.6 Totals (sum of Lines 25.1 to 25.5)	245,342	245,342	0	284,314	284,314
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	245.342	245.342	0	284.314	284.314



DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2017

C Group Code 01260	LIFE	NAIC Company C	Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Life insurance						
2. Annuity considerations		XXX		XXX		
Deposit-type contract funds						
	Λ	·····				
5. Totals (Sum of Lines 1 to 4)	U	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other	Λ	1		Λ		
Annuities:	0		u	J		
7.1 Paid in cash or left on deposit						
7.1 Paid in cash of left of deposit		···				
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)			·····	n		
8. Grand Totals (Lines 6.5 + 7.4)	 1	0		h		
DIRECT CLAIMS AND BENEFITS PAID	0	0	0	0		
9. Death benefits						
Death benefits Matured endowments						
Matured endowments Annuity benefits						
Surrender values and withdrawals for life contracts.						
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
All other benefits, except accident and health						
5. Totals	0	0	0	0		
DETAILS OF WRITE-INS	•		-			
1						
2.						
3						
08. Summary of remaining write-ins for Line 13 from overflow						
page	0	L0 L	0 L	0 L		
9. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0		0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31, prior year		0	0	(a) 0	No. of Policies	0	0	0	0	0
23. In force December 31 of current year (a) Includes Individual Credit I	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

current year \$...

ACCIDEI	NT AND HE	ALTH INSU	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:		l			l
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)		20,320,952		17,106,242	17, 106, 242
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)		20,320,952	0	17,106,242	17,106,242
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	20.320.952	20.320.952	0	17 . 106 . 242	17.106.242



DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2017

C Group Code 01260		INSURANCI		NAIC Company Co		
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
Life insurance						
Deposit-type contract funds		XXX		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	J0 J	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
01						
02.						
03.						
198. Summary of remaining write-ins for Line 13 from overflow						
page	0	[0 [0			
199. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	Oı	rdinary		edit Life Ind Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	L0
18.3 Totals paid	0	0	J0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	L0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-	0								_	
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	۵	0	0	0		0	ا ۵	0
21. Issued during year									0	0
22. Other changes to in force										
(Net)									0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e prior year \$		CIII	rrent vear \$	·		·		·

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIIIIII	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.4 Other accident only	5,720,437	5,720,437		6,513,050	6,513,050
25.6 Totals (sum of Lines 25.1 to 25.5)	5,720,437	5,720,437	0	6,513,050	6,513,050
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	5.720.437	5.720.437	1 0	6.513.050	6.513.050

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2017

IC Group Code 01260	LIFE INSURANCE NAIC Company					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
Life insurance	Ordinary	and individual)	Огоир	muustilai	Total	
Annuity considerations						
Deposit-type contract funds		YYY		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	Λ	h	·····	n		
DIRECT DIVIDENDS TO POLICYHOLDERS	U	0	- 0	0		
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period		···				
6.4 Other	Λ					
6.5 Totals (sum of Lines 6.1 to 6.4)		^U		U		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	<u>0</u>	<u>0</u>	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		ļ				
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	 0	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
01						
02.						
303.						
98. Summary of remaining write-ins for Line 13 from overflow						
page	0	ļ0 ļ	0	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0 [

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	1	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										0
year Settled during current year:										
18.1 By payment in full 18.2 By payment on									0	0
compromised claims .									0	0
18.4 Reduction by		0	[Ω	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0 0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		Direct Premiums	Dividends Paid or Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)	~				
25.4 Other accident only					
25.5 All other (b)	516,916	516,916		551,085	551,085
25.4 Other accident only	516,916	516,916]0	551,085	551,085
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	516,916	516,916	0	551,085	551,085



DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2017

AIC Grou	up Code 01260	LIFE	INSURANCI	E	NAIC Company Code 18750		
		1	2	3	4	5	
	DIRECT PREMIUMS		Credit Life (Group				
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Lif	fe insurance						
2. Ar							
			XXX		XXX		
4. Ot	ther considerations						
5. To	otals (Sum of Lines 1 to 4)	0	0	0	0		
	DIRECT DIVIDENDS TO POLICYHOLDERS						
Lif	fe insurance:						
6.	1 Paid in cash or left on deposit						
6.3	2 Applied to pay renewal premiums						
	3 Applied to provide paid-up additions or shorten the						
	endowment or premium paying period						
6.4	4 Other						
6.	5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0		
Α	nnuities:						
7.	1 Paid in cash or left on deposit 2 Applied to provide paid-up annuities 3 Other						
7.3	2 Applied to provide paid-up annuities						
7.3	3 Other						
7.4	4 Totals (sum of Lines 7.1 to 7.3)			Q L	0		
8. Gi	rand Totals (Lines 6.5 + 7.4)	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID						
9. De	eath benefits						
10. Ma	atured endowments						
11. Ar	nnuity benefits						
12. St	urrender values and withdrawals for life contracts						
13. Ag	ggregate write-ins for miscellaneous direct claims and						
be	enefits paid	0	L0 L	0	0		
14. AI	I other benefits, except accident and health						
15. To	otals	0	0	0	0		
DI	ETAILS OF WRITE-INS						
301							
302							
303							
398. St	ummary of remaining write-ins for Line 13 from overflow			j			
	page	0	L0 L	0	0 		
399. To	otal (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0.	rdinary		edit Life nd Individual)	,	Group	Inc	dustrial		Total
l -	1	2	(Group a	iiu iiiuiviuuai)	5	6 6	7	8	9	10
DIRECT DEATH	'	2	No. of	4	ຽ	"	'		9	10
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			& &		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	110.	Autount	Or. Ocraio.	Autount	OCITIIS.	7 tilloditt	140.	7 tillount	140.	741104110
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									L0	L0
Settled during current										
year:										
18.1 By payment in full			[0	0
18.2 By payment on										
compromised claims .									0	0
	0	0	0	0	0	0	0	0	۵	0
18.4 Reduction by										
									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0		0	
18.6)	0	0	U	0	No. of	U	0	U	0	U
POLICY EXHIBIT					Policies					
20. In force December 31,				(-)	Policies					
prior year	0	0	ا ا	(a)	0	ا ۱	٥	١	١ .	١
		0		0		0		0		
22. Other changes to in force										⁰
									n	0
23. In force December 31				(a)						
of current year	0	0	0			0	0	0	0	0
(a) Includes Individual Credit Li	ife Insurance	e: prior year \$		V.	rre t yea					
Includes Group Credit Life I	Insurance: L	oans less than o	r equal to 60	months at issue,	prior year \$		curi	rent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	ΓER THAN 1	20 MONTHS, pric			current	year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE		.AL	DIVAILOR		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0



DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2017

C Group Code 01260		INSURANCI		NAIC Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5 Total		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial			
Life insurance							
Deposit-type contract funds		XXX		XXX			
Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	J0 J	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other							
7.3 Other	V						
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
12. Surrender values and withdrawals for life contracts							
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	0	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
01							
02							
03							
98. Summary of remaining write-ins for Line 13 from overflow							
page	0	J0 J	0	0 			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

				edit Life						
		dinary		nd Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	(
year Settled during current									0	(
year: 18.1 By payment in full 18.2 By payment on									0	(
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	
18.5 Amount rejected 18.6 Total settlements	0	0	0	0	0	0	0	0	0 0 0	
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year	0	0	0	0	0	0	0	0	0 0	
	0			(a)	NI			0	0	

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	II AND HE	ALIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)					
20.1 Othor dooldon only					
25.5 All other (b)					
25.5 All other (b)	0	0]0	0	0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	1 0	1 0	0	1 0



DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2017

Group Code 01260	LIFE	INSURANCI		NAIC Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1. Life insurance							
3. Deposit-type contract funds		XXX		XXX			
4. Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	0	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
)1.							
02.							
03.							
98. Summary of remaining write-ins for Line 13 from overflow							
page	0	L0	0	0			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	Û	0	0	0			

	0.	rdinary		edit Life nd Individual)	,	Group	Inc	dustrial		Total
l -	1	2	(Group a	iiu iiiuiviuuai)	5	6 6	7	8	9	10
DIRECT DEATH	'	2	No. of	4	ຽ	"	'		9	10
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			& &		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	110.	Autount	Or. Ocraio.	Autount	OCITIIS.	7 tilloditt	140.	7 tillount	140.	741104110
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									L0	L0
Settled during current										
year:										
18.1 By payment in full			[0	0
18.2 By payment on										
compromised claims .									0	0
	0	0	0	0	0	0	0	0	۵	0
18.4 Reduction by										
									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0		0	
18.6)	0	0	U	0	No. of	U	0	U	0	U
POLICY EXHIBIT					Policies					
20. In force December 31,				(-)	Policies					
prior year	0	0	ا ا	(a)	0	ا ۱	٥	١	١	١
		0		0		0		0		
22. Other changes to in force										⁰
									n	0
23. In force December 31				(a)						
of current year	0	0	0			0	0	0	0	0
(a) Includes Individual Credit Li	ife Insurance	e: prior year \$		V.	rre t yea					
Includes Group Credit Life I	Insurance: L	oans less than o	r equal to 60	months at issue,	prior year \$		curi	rent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	ΓER THAN 1	20 MONTHS, pric			current	year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND IIL	ALIII III SI	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.1 Non-cancelable (b)					
25.5 All other (b)					
25.5 All other (b)	0	0]0	0	<u> </u> 0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	0	1 0	0	1 0



DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2017

Group Code 01260	LIFE	INSURANCI		NAIC Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1. Life insurance							
Deposit-type contract funds		ļ		XXX			
		ļ					
5. Totals (Sum of Lines 1 to 4)	U	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
Death benefits							
10. Matured endowments							
11. Annuity benefits							
12. Surrender values and withdrawals for life contracts							
Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	ļ0 ļ	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
01							
02							
03							
198. Summary of remaining write-ins for Line 13 from overflow							
page	0		0				
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	Oı	rdinary		edit Life Ind Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	L0
18.3 Totals paid	0	0	J0	0	0	0		0	0	0
18.4 Reduction by										
compromise									0	L0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-	0								_	
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	۵	0	0	0		0	ا ۵	0
21. Issued during year									0	0
22. Other changes to in force										
(Net)									0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e prior year \$		CIII	rrent vear \$	·		·		·

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)					
25.4 Other accident only					
25.5 All other (b)	3,328,724	3,328,724		3,965,123	3,965,123
25.4 Other accident only	3,328,724	3,328,724	0	3,965,123	3,965,123
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3.328.724	3.328.724	1 0	3.965.123	3.965.123



DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2017

C Group Code 01260		INSURANC		NAIC Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1. Life insurance		ļ					
Deposit-type contract funds		XXX		XXX			
Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	J0 J	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other							
7.3 Other	V						
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
12. Surrender values and withdrawals for life contracts							
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	J0 J	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
01							
02							
03							
98. Summary of remaining write-ins for Line 13 from overflow							
page	0	J	0	0 			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	0.	rdinary		edit Life nd Individual)	,	Group	Inc	dustrial		Total
l -	1	2	(Group a	iiu iiiuiviuuai)	5	6 6	7	8	9	10
DIRECT DEATH	'	2	No. of	4	ຽ	"	'		9	10
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			& &		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	110.	Autount	Or. Ocraio.	Autount	OCITIIS.	7 tilloditt	140.	7 tillount	140.	741104110
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									L0	L0
Settled during current										
year:										
18.1 By payment in full			[0	0
18.2 By payment on										
compromised claims .									0	0
	0	0	0	0	0	0	0	0	۵	0
18.4 Reduction by										
									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0		0	
18.6)	0	0	U	0	No. of	U	0	U	0	U
POLICY EXHIBIT					Policies					
20. In force December 31,				(-)	Policies					
prior year	0	0	ا ا	(a)	0	ا ۱	٥	١	۱ ،	١
		0		0		0		0		
22. Other changes to in force										⁰
									n	0
23. In force December 31				(a)						
of current year	0	0	0			0	0	0	0	0
(a) Includes Individual Credit Li	ife Insurance	e: prior year \$		V.	rre t yea					
Includes Group Credit Life I	Insurance: L	oans less than o	r equal to 60	months at issue,	prior year \$		curi	rent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	ΓER THAN 1	20 MONTHS, pric			current	year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	IN AND HE	AL 111 11431	DIVAIVE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)	1				l
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	1 0



DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2017

AIC Grou	up Code 01260	LIFE	INSURANCI	E	NAIC Company Code 18750		
		1	2	3	4	5	
	DIRECT PREMIUMS		Credit Life (Group				
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Lif	fe insurance						
2. Ar							
			XXX		XXX		
4. Ot	ther considerations						
5. To	otals (Sum of Lines 1 to 4)	0	0	0	0		
	DIRECT DIVIDENDS TO POLICYHOLDERS						
Lif	fe insurance:						
6.	1 Paid in cash or left on deposit						
6.3	2 Applied to pay renewal premiums						
	3 Applied to provide paid-up additions or shorten the						
	endowment or premium paying period						
6.4	4 Other						
6.	5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0		
Α	nnuities:						
7.	1 Paid in cash or left on deposit 2 Applied to provide paid-up annuities 3 Other						
7.3	2 Applied to provide paid-up annuities						
7.3	3 Other						
7.4	4 Totals (sum of Lines 7.1 to 7.3)			Q L	0		
8. Gi	rand Totals (Lines 6.5 + 7.4)	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID						
9. De	eath benefits						
10. Ma	atured endowments						
11. Ar	nnuity benefits						
12. St	urrender values and withdrawals for life contracts						
13. Ag	ggregate write-ins for miscellaneous direct claims and						
be	enefits paid	0	L0 L	0	0		
14. AI	I other benefits, except accident and health						
15. To	otals	0	0	0	0		
DI	ETAILS OF WRITE-INS						
301							
302							
303							
398. St	ummary of remaining write-ins for Line 13 from overflow			j			
	page	0	L0 L	0	0 		
399. To	otal (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	Oı	rdinary		edit Life Ind Individual)	(Group	Inc	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected 18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year21. Issued during year	0	0	0	0	0	0	0	0	0 0	0
			R	(a)	_				0	0
of current year (a) Includes Individual Credit L	0 ife Insurance	0 e: prior year \$	0		rre t years	0	0	0	0	0
Includes Group Credit Life Loans greater than 60 mon	Insurance: L	oans less than o	r equal to 60	months at issue,	pnor year \$			rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND IIL	ALIII III SI	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.1 Non-cancelable (b)					
25.5 All other (b)					
25.5 All other (b)	0	0]0	0	<u> </u> 0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	0	1 0	0	1 0



DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2017

IC Group Code 01260	LIFE	LIFE INSURANCE NAIC Company Code 18750									
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5						
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total						
Life insurance											
2. Annuity considerations											
Deposit-type contract funds		XXX		XXX							
Other considerations											
5. Totals (Sum of Lines 1 to 4)	0	0	0	0							
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life insurance:											
6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions or shorten the											
endowment or premium paying period											
6.4 Other											
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0							
Annuities:											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 Totals (sum of Lines 7.1 to 7.3)	D	<u> </u>	<u>0</u>	0							
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0							
DIRECT CLAIMS AND BENEFITS PAID											
Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts											
13. Aggregate write-ins for miscellaneous direct claims and	1	_	_	_							
benefits paid	^D	U	J								
14. All other benefits, except accident and health											
15. Totals	0	U	0	U							
DETAILS OF WRITE-INS											
301											
302											
303.											
398. Summary of remaining write-ins for Line 13 from overflo	DW	_	_	_							
page		J	J	h							
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above	e) U	0	0	0							

				edit Life						
	<u>O</u>	rdinary	(Group a	nd Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									٥	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on	l		İ							
compromised claims									0	0
18.3 Totals paid	0	0	Ω	0	0	L0	0	0	۵	0
18.4 Reduction by										
compromise									۵	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	l			(a)						
prior year	0	0	o		٥	L0	0	0	۵	L0
21. Issued during year			<u> </u>						L0	L0
22. Other changes to in force	l									
									٥	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$.

ACCIDENT AND HEALTH INSURANCE

ACCIDL	NI AND IIL	ALIIIIIO	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
1 24.1 1 Euclai Lilipioyees Health Delicits Flair picillium (b)					
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.5 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	811,222	811,222		939 , 427	
25.4 Other accident only		811,222]0	939 , 427	
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	811.222	811.222	1 0	939.427	l 939.427



DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2017

Group Code 01260		INSURANC	<u> </u>	NAIC Company C	ode 18750	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Life insurance						
Deposit-type contract funds		ļ		XXX		
	Λ					
5. Totals (Sum of Lines 1 to 4)	U	U	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums		····				
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	J0 J	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	ļ0 ļ	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
01		ļ				
02						
03		ļ				
198. Summary of remaining write-ins for Line 13 from overflow						
pagé	0		0	D		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	Oı	rdinary		edit Life Ind Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	L0
18.3 Totals paid	0	0	J0	0	0	0		0	0	0
18.4 Reduction by										
compromise									0	L0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-	0								_	
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	۵	0	0	0		0	ا ۵	0
21. Issued during year									0	0
22. Other changes to in force										
(Net)									0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e prior year \$		CIII	rrent vear \$	·		·		·

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	AI AND HE	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:		1	1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.4 Other accident only		3,307,075		3 , 597 , 682	3 , 597 , 682
25.6 Totals (sum of Lines 25.1 to 25.5)		3,307,075]0	3 , 597 , 682	3 , 597 , 682
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	3.307.075	3.307.075	1 0	3.597.682	3.597.682



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2017 NAIC Company Code 18750

NAIC C	Group Code 01260	LIFE	INSURANC	E	NAIC Company	Code 18750
	DIRECT PREMIUMS	1	2 Cradit Life (Craus	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance					0
	Annuity considerations					0
3.	Deposit-type contract funds		ХХХ		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
						0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
	6.4 Other					0
	6.5 Totals (sum of Lines 6.1 to 6.4)	0		0		0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (sum of Lines 7.1 to 7.3)	U	ļ	U	}-	U
8.	Grand Totals (Lines 6.5 + 7.4)	U	U	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					0
						U
	Aggregate write-ins for miscellaneous direct claims and					0
10.	benefits paid	0	0	0	0	0
14	All other benefits, except accident and health					0
	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS	-	·	-	-	•
1301	DETAILS OF WAITE INC					
1						
1303.						
	Summary of remaining write-ins for Line 13 from overflow					
		0	l0 	0	0	0
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0		0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31, prior year		0	0	(a) 0	No. of Policies	0	0	0	0	0
23. In force December 31 of current year (a) Includes Individual Credit I	0	0	0	(a) 0	0	0	0	0	0	0

current year \$ ACCIDENT AND HEALTH INSURANCE

current year \$.

4 5 Dividends Paid or Credited On Direct Direct Premiums Direct Losses **Direct Premiums** Earned Business Direct Losses Paid Incurred Group policies (b).. 24.1 Federal Employees Health Benefits Plan premium (b). 24.2 Credit (Group and Individual). 24.3 Collectively renewable policies (b)... 24.4 Medicare Title XVIII exempt from state taxes or fees... Other Individual Policies: .7,516,625 .7,516,625 7,516,625 .7,516,625 .7,516,625 7,516,625 0

and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2017

NAIC (Group Code 01260	LIFE	INSURANC	E	NAIC Company	Code 18750
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group	3 Croup	4 Industrial	5 Total
1	Life insurance	Orumary	and Individual)	Group	inuusinai	10lai
1						 0
	,				ууу	
	Other considerations		ΑΛΛ			 N
	Totals (Sum of Lines 1 to 4)	n	0	0	0	 N
<u></u> − 0.	DIRECT DIVIDENDS TO POLICYHOLDERS		O I			
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
						0 N
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period					0
	6.4 Other					0
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
						0
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	[0 [.	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
						0
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0 .	0		0
	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow	^		_	_	^
1200	page	0	U	0	h	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	U	0	0 [0 [U

	Oı	rdinary		edit Life Ind Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	L0
18.3 Totals paid	0	0	J0	0	0	0		0	0	0
18.4 Reduction by										
compromise									0	L0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-	0								_	
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	۵	0	0	0		0	ا ۵	0
21. Issued during year									0	0
22. Other changes to in force										
(Net)									0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e prior year \$		CIII	rrent vear \$	·		·		·

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	IN I AND HE	ALIHINS	UNANCE		
	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.4 Other accident only	556,089	556,089		665,081	665,081
25.6 Totals (sum of Lines 25.1 to 25.5)	556,089	556,089	0	665,081	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	556.089	556.089	1 0	665.081	665.081



DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2017

	1	2	3	4	ode 18750 5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
Life insurance					
Annuity considerations					
Deposit-type contract funds		LXXX		XXX	
Other considerations		[
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:		l l			
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	n	n	n	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up armulities					
7.4 Totals (sum of Lines 7.1 to 7.3)					
		- 	J		
8. Grand Totals (Lines 6.5 + 7.4)	U	U	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and	_				
benefits paid	0	ļ0 ļ	0	0	
14. All other benefits, except accident and health					
15. Totals	00	0	0	0	
DETAILS OF WRITE-INS					
01					
02.					
03					
98. Summary of remaining write-ins for Line 13 from overflow					
page	0	l0 l	0	0	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	O	rdinary		edit Life and Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	L0	0	0	0	0
17. Incurred during current										
year									l0	L0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims .									0	0
18.3 Totals paid		0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									l 0	٥ ا
18.5 Amount rejected									0	0
18.6 Total settlements		0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	۱ ،	٥	1 0	١
10.0)	U	0	0	U	No. of	0	0	0	0	0
POLICY EXHIBIT					Policies					
20. In force December 31.				(-)	FUICIES					
	Λ.	_	_	(a)	0	_	_	_	_	_
prior year		0	LD	0		ļ0	J	J	ļ	L
21. Issued during year									t	ļ
22. Other changes to in force (Net)									0	0
23. In force December 31			_ \	(a)					1	
of current year	0	0	0			0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e: prior year \$		VV	rreat years					
Includes Group Credit Life	Insurance: L	_oans less than o	r equal to 60	months at issue,	prior year\$			rent year \$		
Loans greater than 60 mon	ths at issue	BUT NOT GREAT	ΓER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		Direct Premiums	Dividends Paid or Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
Other Individual Policies. 25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	J0	J0	0	
- Totale (Elifed 21 + 21:1 + 21:2 + 21:0 + 21:1 + 20:0)		<u> </u>	<u> </u>	•	
(b) For health business on indicated lines report: Number of per	sons insured under PPC	D managed care produ	cts	and number of per	sons insured under
indemnity only products					



DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2017

C Group Code 01260		INSURANC		NAIC Company Code 18750		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Life insurance		·····				
		vvv		XXX		
3. Deposit-type contract funds		ł				
	Λ	·····				
5. Totals (Sum of Lines 1 to 4)	U	U	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums		ļ				
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	J0 J	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS					·	
301						
02		ļ				
303						
198. Summary of remaining write-ins for Line 13 from overflow						
pagé	0	0	0	D		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	O	rdinary		edit Life Ind Individual)		Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full 18.2 By payment on compromised claims .									0	l
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	[0
compromise 18.5 Amount rejected 18.6 Total settlements									0	0
19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	JU	0	0	0	0	0	μ	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies					
prior year			0	0	0	0	0	0	0	0
22. Other changes to in force (Net)									0	L0
23. In force December 31 of current year	0	0		(a) 0	0	0	0	0	0	0
(a) Includes Individual Credit L Includes Group Credit Life Loans greater than 60 mon	Insurance: L	oans less than o	r equal to 60		prior year \$			rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)					
25.4 Other accident only					
25.5 All other (b)	13,689,403	13,689,403		12,400,260	12,400,260
25.4 Other accident only	13,689,403	13,689,403	0	12,400,260	12,400,260
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,689,403	13,689,403	0	12,400,260	12,400,260



DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2017

IAIC G	Group Code 01260	LIFE	INSURANCI	E	NAIC Company C	ode 18750
		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
	0.1101 0011010010110					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period					
	6.4 Other					
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 ļ	0	0	
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other					
	7.3 Other					
	7.4 Totals (sum of Lines 7.1 to 7.3)			0	0 L	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0	
14.	All other benefits, except accident and health					
	Totals	0	0	0	0	
	DETAILS OF WRITE-INS					
301.						
302.						
303.						
1398.	Summary of remaining write-ins for Line 13 from overflow					
	page	0	[0	0	0	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0.	rdinary		edit Life nd Individual)	,	Group	Inc	dustrial		Total
l -	1	2	(Group a	iiu iiiuiviuuai)	5	6 6	7	8	9	10
DIRECT DEATH	'	2	No. of	4	ຽ	"	'		9	10
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			& &		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	110.	Autount	Or. Ocraio.	Autount	OCITIIS.	7 tilloditt	140.	7 tillount	140.	741104110
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									L0	L0
Settled during current										
year:										
18.1 By payment in full			[0	0
18.2 By payment on										
compromised claims .									0	0
	0	0	0	0	0	0	0	0	۵	0
18.4 Reduction by										
									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0		0	
18.6)	0	0	U	0	No. of	U	0	U	0	U
POLICY EXHIBIT					Policies					
20. In force December 31,				(-)	Policies					
prior year	0	0	ا ا	(a)	0	ا ۱	٥	١	١	١
		0		0		0		0		
22. Other changes to in force										⁰
									n	0
23. In force December 31				(a)						
of current year	0	0	0			0	0	0	0	0
(a) Includes Individual Credit Li	ife Insurance	e: prior year \$		V.	rre t yea					
Includes Group Credit Life I	Insurance: L	oans less than o	r equal to 60	months at issue,	prior year \$		curi	rent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	ΓER THAN 1	20 MONTHS, pric			current	year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE		.AL	DIVAILOR		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0



DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2017

C Group Code 01260		INSURANCI		NAIC Company		
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1. Life insurance						
Deposit-type contract funds		XXX		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	L0 L	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
01.						
03.						
198. Summary of remaining write-ins for Line 13 from overflow						
page	0	L0	0	0		
199. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	n n	ñ	0		

	0	rdinary		edit Life Ind Individual)	(Group	In	dustrial	Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	0	0			0	0	0		0	0
prior year17. Incurred during current		0	[υ	0	0	0	0	0		0
year Settled during current year:									U	
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by		0	J0	0	0	l0	0	0	۵	0
compromise									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	υ 	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies					
prior year21. Issued during year	0	0	0	0	0	0	0	0	۵	0
22. Other changes to in force									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0
(a) Includes Individual Credit L Includes Group Credit Life Loans greater than 60 mon	Insurance: I	oans less than o	r equal to 60		prior year \$		cur	rent year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	II AND HE	ALIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:		1	1		
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 26.4 Other conducts only					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.4 Other accident only	1,117,573	1,117,573		1, 195, 102	1,195,102
25.6 Totals (sum of Lines 25.1 to 25.5)	1,117,573	1,117,573	0	1, 195, 102	1,195,102
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1.117.573	1.117.573	1 0	1.195.102	1.195.102



DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2017

C Group Code 01260	LIFE	INSURANCI		NAIC Company C	ode 18750
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance					
· · · · · · · · · · · · · · · · · ·					
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other		ļ			
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 ļ	0	0	
Annuities:					
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
Matured endowments					
Annuity benefits					
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
All other benefits, except accident and health					
5. Totals	0	0	0	0	
DETAILS OF WRITE-INS	·				
1					
2					
3					
8. Summary of remaining write-ins for Line 13 from overflow					
page	0	J0 J	0	Q 	
9. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0.	rdinary		edit Life nd Individual)	,	Group	Inc	dustrial		Total
l -	1	2	(Group a	iiu iiiuiviuuai)	5	6 6	7	8	9	10
DIRECT DEATH	'	2	No. of	4	ຽ	"	'		9	10
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			& &		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	110.	Autount	Or. Ocraio.	Autount	OCITIIS.	7 tilloditt	140.	7 tillount	140.	741104110
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									L0	L0
Settled during current										
year:										
18.1 By payment in full			[0	0
18.2 By payment on										
compromised claims .									0	0
	0	0	0	0	0	0	0	0	۵	0
18.4 Reduction by										
									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0		0	
18.6)	0	0	U	0	No. of	U	0	U	0	U
POLICY EXHIBIT					Policies					
20. In force December 31,				(-)	Policies					
prior year	0	0	ا ا	(a)	0	ا ۱	٥	١	۱ ،	١
		0		0		0		0		
22. Other changes to in force										⁰
									n	0
23. In force December 31				(a)						
of current year	0	0	0			0	0	0	0	0
(a) Includes Individual Credit Li	ife Insurance	e: prior year \$		V.	rre t yea					
Includes Group Credit Life I	Insurance: L	oans less than o	r equal to 60	months at issue,	prior year \$		curi	rent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	ΓER THAN 1	20 MONTHS, pric			current	year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE		.AL	DIVAILOR		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0



DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2017

C Group Code 01260	<u> </u>	INSURANCI		NAIC Company Code 18750			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total		
Life insurance							
Annuity considerations							
Deposit-type contract funds		XXX		XXX			
4							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
Death benefits		l					
10. Matured endowments							
11. Annuity benefits		l					
12. Surrender values and withdrawals for life contracts							
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	L0 L	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
301							
302.							
303.							
398. Summary of remaining write-ins for Line 13 from overflow							
page	0	[0 [0				
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

			Cre	edit Life						
	Oı	rdinary	(Group a	nd Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.							
ENDOWMENTS			111u. Fois.		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year		0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									D	0
Settled during current										
year: 18.1 By payment in full									n	١
18.2 By payment on										0
compromised claims .									0	0
18.3 Totals paid	0	0	0	0			0	0	0	0
18.4 Reduction by										
compromise									٥	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-					_					
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)	· Olloica					
prior year	0	0	0	0	n	0	0	0	n	0
21. Issued during year								[<u>0</u>
22. Other changes to in force										
(Net)									٥	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
a) Includes Individual Credit I	ifa Inguranas	u prior voor C	<u> </u>		rent vear \$					

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JRANCE		
	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)					
25.4 Other accident only					
25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)	275,566	275,566		294,379	294,379
25.6 Totals (sum of Lines 25.1 to 25.5)	275,566	275,566]0	294,379	294,379
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	275.566	275.566	1 0	294.379	l 294.379



DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2017

IC Group Code 01260	LIFE	INSURANC	NAIC Company Code 18750		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	0	L0 L	0	0	
Annuity considerations	0	0	0	0	
Deposit-type contract funds	0	XXX	0	XXX	
Other considerations	0	0	0	0	
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	
6.2 Applied to pay renewal premiums	0	0	0	0	
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	0	0	0	0	
6.4 Other	0	0	0	0	
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0 L	
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	
7.2 Applied to provide paid-up annuities	0	0	0	0	
7.3 Other		0	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	
10. Matured endowments	0	0	0	0	
11. Annuity benefits	0	0	ő l	0	
12. Surrender values and withdrawals for life contracts	0	0	0	0	
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health		0	0	0	
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
01					
02					
03					
98. Summary of remaining write-ins for Line 13 from overflow					
page	٥	0	n I	n l	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	n n	0	0	n	

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
l l	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS		_	No. of Ind. Pols.		No. of	-		-		
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on	l		İ							
compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	l	0	0	L0	0	0	0	0
18.4 Reduction by	l		İ							
compromise	0	0	lo	0	0	L0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	L0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
,					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	ļ			(a)		1			I	
prior year	o l	L 0	0	0	0	0	0	0	0	L 0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	0	L0	lo	0	0	l0	l0	l0	L0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
(a) Includes Individual Credit Life Insurance: prior year \$										
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0 current year \$										0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$										
Cultural years and the second and th										

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND REALTH INSURANCE										
	1	2	3	4	5					
			Dividends Paid or							
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group policies (b)	0	0	0	0	0					
24. Group policies (b)	0	0	0	0	0					
24.2 Credit (Group and Individual)	0	0	0	0	0					
24.3 Collectively renewable policies (b)			0	0	L0					
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0					
Other Individual Policies:										
25.1 Non-cancelable (b)	0	0	0	0	L0					
25.2 Guaranteed renewable (b)	L0	l 0	0	0	L0					
25.3 Non-renewable for stated reasons only (b)	L0	l 0	0	0	L0					
25.4 Other accident only	L0	0	l0	0	0					
25.5 All other (b)		102,721,070	0	101,885,476						
25.6 Totals (sum of Lines 25.1 to 25.5)		102,721,070	0		101,885,476					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	102,721,070	102,721,070	0	101,885,476	101,885,476					